| Fill in this information to identify your | case:   |                                   |
|---|---|-----------------------------------|
| United States Bankruptcy Court for th     | e:  |                                   |
| Northern District of Te                   | <u>kas</u>  |                                   |
| Case number (If known):                   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself                                      |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on your                              | Bradley  |   |
|     | government-issued picture identification (for example, your | First name  Eugene                             | First name                                    |
|     | driver's license or passport).                              | Middle name                                    | Middle name                                   |
|     | Bring your picture identification                           | Fincannon                                      | _   |
|     | to your meeting with the trustee.                           | Last name                                      | Last name                                     |
|     |   | Suffix (Sr., Jr, II, III)                      | Suffix (Sr., Jr, II, III)                     |
| 2.  | All other names you have                                    |  |   |
|     | used in the last 8 years  Include your married or maiden    | First name                                     | First name                                    |
|     | names.  | Middle name                                    | Middle name                                   |
|     |   | Last name                                      | Last name                                     |
|     |   | First name                                     | First name                                    |
|     |   | Middle name                                    | Middle name                                   |
|     |   | Last name                                      | Last name                                     |
|     |   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or    | xxx - xx - <u>1</u> <u>2</u> <u>9</u> <u>3</u> | xxx - xx                                      |
|     | federal Individual Taxpayer                                 | OR   | OR  |
|     | Identification number (ITIN)                                | 9xx - xx                                       | 9xx - xx                                      |

| Debto | or 1 Bradley   | Eugene                               | Fincannon  | Case nun  | nber (if known)  |
|-------|--|--------------------------------------|--|---|--|
|       | First Name   | Middle Name                          | Last Name  |   | ,  |
|       |  | About Debtor 1:                      |  | About Debtor 2 (  | Spouse Only in a Joint Case):  |
| <br>  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have used | ☑I have not use                      | ed any business names or EINs.   | ☐I have not use   | ed any business names or EINs.   |
|       | in the last 8 years Include trade names and doing business as names              | Business name                        |  | Business name   |  |
|       |  | Business name                        |  | Business name   |  |
|       |  |                                      |  | <br>EIN   |  |
|       |  |                                      |  |   |  |
| 5.    | Where you live   |                                      |  | If Debtor 2 lives   | at a different address:  |
|       |  | 3194 Chimney                         |  | <del></del>   |  |
|       |  | Number Str                           | eet  | Number Stre   | eet  |
|       |  | Abilene, TX 79                       | 606  |   |  |
|       |  | City                                 | State ZIP Code   | City  | State ZIP Code   |
|       |  | <u>Taylor</u><br>County              |  | County  |  |
|       |  |                                      | address is different from the one above<br>te that the court will send any notices to<br>ng address. | e, If Debtor 2's mai<br>it in here. Note th<br>at this mailing ad | ling address is different from yours, fill nat the court will send any notices to you dress. |
|       |  | Number Str                           | reet   | Number Stre   | eet  |
|       |  | P.O. Box                             |  | P.O. Box  |  |
|       |  | City                                 | State ZIP Code   | City  | State ZIP Code   |
|       | Why you are choosing <i>this</i>   | Check one:                           |  | Check one:  |  |
| •     | district to file for bankruptcy  | Over the las have lived in district. | t 180 days before filing this petition, I<br>n this district longer than in any other                | Over the last have lived in district.                             | 180 days before filing this petition, I this district longer than in any other               |
|       |  | I have anoth<br>(See 28 U.S          | ner reason. Explain.<br>r.C. § 1408)   | I have anothe (See 28 U.S.  | er reason. Explain.<br>C. § 1408)  |
|       |  |                                      |  |   |  |
|       |  |                                      |  |   |  |
|       |  |                                      |  |   |  |

Bradley

Eugene

Fincannon

 Bradley
 Eugene
 Fincannon
 Case number (if known)

 First Name
 Middle Name
 Last Name

| Par | t 2: Tell the Court About You   | ır Bankı   | uptcy (   | Case   |  |
|-----|---|--|---|--|--|
| 7.  | The chapter of the Bankruptcy<br>Code you are choosing to file<br>under   | Bankrup Ct Ct Ct                                   |   |  |  |
| 8.  | How you will pay the fee  | deta chec a cri  I nec to P  I rec judg offic choc | ils about ils, or mo edit card ed to pay ay The F uest tha e may, be al povert ose this c | entire fee when I file my petition. Please check with the cle how you may pay. Typically, if you are paying the fee yourse ney order. If your attorney is submitting your payment on you or check with a pre-printed address.  If the fee in installments. If you choose this option, sign and filling Fee in Installments (Official Form 103A).  If my fee be waived (You may request this option only if you ut is not required to, waive your fee, and may do so only if you ty line that applies to your family size and you are unable to option, you must fill out the Application to Have the Chapter is et with your petition. | elf, you may pay with cash, cashier's ur behalf, your attorney may pay with attach the <i>Application for Individuals</i> are filing for Chapter 7. By law, a pur income is less than 150% of the pay the fee in installments). If you |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ✓ No.<br>□Yes.                                     |   | MM / DD / YYYY  When MM / DD / YYYY  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☑ No.<br>□ Yes.                                    | District _  |  | Relationship to you Case number, if known Relationship to you Case number, if known  |
| 11. | Do you rent your residence?   | ☑ No.  | ☐ No  | ine 12.  our landlord obtained an eviction judgment against you?  o. Go to line 12.  s. Fill out <i>Initial Statement About an Eviction Judgment Agai</i> part of this bankruptcy petition.  | nst You (Form 101A) and file it  |

| ٦e | h | +~ | 1 |  |
|----|---|----|---|--|
|    |   |    |   |  |

Part 3: Report About Any Businesses You Own as a Sole Proprietor

### 12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

| <b>√</b> | No. Go to Part 4.<br>Yes. Name and location of business |                    |          |  |
|----------|---|--------------------|----------|--|
|          | Name of business, if any                                |                    |          |  |
|          | Number Street   |                    |          |  |
|          |   |                    |          |  |
|          | City  | State              | ZIP Code |  |
|          | Check the appropriate box to describe you               | ur business:       |          |  |
|          | ☐ Health Care Business (as defined in 1                 | 1 U.S.C. § 101(27  | (A))     |  |
|          | ☐ Single Asset Real Estate (as defined                  | in 11 U.S.C. § 101 | (51B))   |  |
|          | Stockbroker (as defined in 11 U.S.C.                    | § 101(53A))        |          |  |
|          | ☐ Commodity Broker (as defined in 11 L                  | J.S.C. § 101(6))   |          |  |
|          | ☐ None of the above                                     |                    |          |  |

### 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

| ☑ No. I am not filing under Chapter | 11. |
|-------------------------------------|-----|
|-------------------------------------|-----|

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1 **Bradley** Eugene **Fincannon** Case number (if known) -First Name Middle Name Last Name Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention **☑** No. 14. Do you own or have any property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate If immediate attention is needed, why is it needed? attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Street

Number

City

State

ZIP Code

**Bradley** Eugene **Fincannon** Case number (if known). Middle Name First Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

do not do so, your case may be dismissed.

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in

a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1  | Bradley   | Eugene   | e Fincanı  | non   | Case   | e number (if known)   |            |
|-----|--|---|--|--|---|--|---|------------|
|     |  | First Name  | Middle N                                       | Name Last Nar  | me  |  | , ,   |            |
| Par | t 6: Answer                                  | These Question  | s for R  | Reporting Purposes   |   |  |   |            |
| 16. | What kind of have?                           | debts do you  | 16a.   |  | ual primarily<br>b.   | ner debts? Consumer debts are for a personal, family, or house   | defined in 11 U.S.C. § 101(8) as shold purpose."  |            |
|     |  |   | 16b.   |  | stment or the   | is debts? Business debts are de rough the operation of the busin   | ebts that you incurred to obtain mor<br>ness or investment.   | ney        |
|     |  |   | 16c.   | State the type of debts  | s you owe th  | nat are not consumer debts or b  | usiness debts.  |            |
| 17. |  | g under Chapter 7?  | y □<br><b>V</b> I                              | No. I am not filing un   | ·   |  |   |            |
|     | exempt prop<br>and administ<br>paid that fun | nate that after any erty is excluded trative expenses ar ds will be available on to unsecured | е  |  |   |  | exempt property is excluded and e to distribute to unsecured creditor                                       | s?         |
| 18. | How many control estimate that               | reditors do you<br>you owe?   | <b>V</b>                                       | 50-99  | 0-5,000<br>1-10,000<br>01-25,000  | 25,001-50,000 50,0   | 000-100,000   | 00         |
| 19. | How much d<br>assets to be                   | o you estimate you<br>worth?  | ır 🗆<br>👿                                      | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |   | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billio \$10,000,000,001-\$50 bill More than \$50 billion     |            |
|     | liabilities to I                             |   |  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   |   | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billio \$10,000,000,001-\$50 billion  More than \$50 billion |            |
| Par | t 7: Sign Be                                 | PIOW  |  |  |   |  |   |            |
| Foi | ryou   | If I have<br>States 0<br>If no attu<br>have ob<br>I reques                                    | chosen<br>Code. I un<br>orney rep<br>tained an | to file under Chapter 7, inderstand the relief ava presents me and I did nind read the notice require accordance with the cl | I am aware<br>iilable under<br>ot pay or ag<br>ired by 11 U<br>hapter of titl | that I may proceed, if eligible, use each chapter, and I choose to ree to pay someone who is not .S.C. § 342(b).   | an attorney to help me fill out this d  | ocument, I |
|     |  |   | tcy case                                       |  |   |  | property by fraud in connection with ears, or both. 18 U.S.C. §§ 152, 134                                   |            |
|     |  | • -   |  | ley Eugene Fincannon   |   |  |   |            |
|     |  |   | •  | on <u>06/24/2022</u>   |   |  |   |            |
|     |  |   |  | MM/ DD/ YYYY   | -   |  |   |            |

| Debtor | 1 |  |
|--------|---|--|
|        |   |  |

 Bradley
 Eugene
 Fincannon
 Case number (if known)

 First Name
 Middle Name
 Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kevin W. Willhelm            | Date <u>06/24/2022</u>       |
|----------------------------------|------------------------------|
| Signature of Attorney for Debtor | MM / DD / YYYY               |
|                                  |                              |
| Kovin W. Willholm                |                              |
| Kevin W. Willhelm Printed name   |                              |
| Willhelm Law Firm                |                              |
| Firm name                        |                              |
| Po Box 3536                      |                              |
|                                  |                              |
| Number Street                    |                              |
| Number Street                    |                              |
| Number Street                    |                              |
| Abilene                          |                              |
| Abilene                          | TX 79604-3536 State ZIP Code |
|                                  |                              |
| <b>Abilene</b> City              | State ZIP Code               |
| Abilene                          |                              |
| <b>Abilene</b> City              | State ZIP Code               |

| Fill in this information | to identify your case |             |                           |               |
|--------------------------|-----------------------|-------------|---------------------------|---------------|
| Debtor 1                 | Bradley               | Eugene      | Fincannon                 |               |
|                          | First Name            | Middle Name | Last Name                 |               |
| Debtor 2                 |                       |             |                           |               |
| (Spouse, if filing)      | First Name            | Middle Name | Last Name                 |               |
| United States Bank       | ruptcy Court for the: | N           | orthern District of Texas |               |
| Case number (if known)   |                       |             |                           | ☐ Check amend |

# Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What is your currer   | nt marital status?   |                              |                               |                         |                            |
|-----------------------|--|------------------------------|-------------------------------|-------------------------|----------------------------|
| Married               |  |                              |                               |                         |                            |
| ✓ Not married         |  |                              |                               |                         |                            |
| During the last 3 ye  | ears, have you lived anywher                                   | e other than where you l     | ive now?                      |                         |                            |
| ☐ No                  |  |                              |                               |                         |                            |
| ☑ Yes. List all of th | e places you lived in the last                                 | 3 years. Do not include w    | here you live now.            |                         |                            |
| Debtor 1:             |  | Dates Debtor 1 lived there   | Debtor 2:                     |                         | Dates Debtor 2 lived there |
|                       |  |                              | ☐ Same as Debtor 1            |                         | ☐ Same as Debtor 1         |
| 607 Highlands Drive   | е  | From 11/01/2019              |                               |                         | From                       |
| lumber Street         |  | To <u>04/01/2021</u>         | Number Street                 |                         | <br>To                     |
| Tucumari, NM 8540     | )1   | _                            |                               |                         | _                          |
| City                  | State ZIP Code   | -                            | City                          | State ZIP Code          | _                          |
|                       |  |                              | ☐ Same as Debtor 1            |                         | ☐ Same as Debtor 1         |
|                       |  | _ From                       | North and Otract              |                         | _ From                     |
| Number Street         |  | To                           | Number Street                 |                         | To                         |
| City                  | State ZIP Code   | _                            | City                          | State ZIP Code          | _                          |
|                       |  |                              |                               |                         |                            |
| Nithin the last 8 ye  | ars, did you ever live with a sona, California, Idaho, Louisia | spouse or legal equivale     | nt in a community property    | state or territory?(Com | munity property states an  |
| No                    | ona, Gamornia, Idano, Eduisie                                  | iria, rvevada, rvew iviexioc | , i deito itico, iexas, vvasi | ington, and wisconsin.) |                            |
| -4                    | you fill out Schedule H: Your                                  |                              | 1 0                           |                         |                            |

| ☐ No  |   |   |  |  |
|---|---|---|--|--|
| ☑ Yes. Fill in the details.   |   |   |  |  |
|   | Debtor 1  |   | Debtor 2   |  |
|   | Sources of income   | Gross Income  | Sources of income  | Gross Income   |
|   | Check all that apply.   | (before deductions and exclusions)  | Check all that apply.  | (before deductions and exclusions)                   |
| rom January 1 of current year until the ate you filed for bankruptcy:   | ✓ Wages, commissions, bonuses, tips   | \$42,819.09   | ☐ Wages, commissions, bonuses, tips  |  |
|   | Operating a business  |   | Operating a business   |  |
| or last calendar year:  | ✓ Wages, commissions, bonuses, tips   | \$106,941.00  | ☐ Wages, commissions, bonuses, tips  |  |
| YYYY  | Operating a business  |   | Operating a business   |  |
|   |   |   |  |  |
| •   | ✓ Wages, commissions, bonuses, tips   | \$162,664.00  | ☐ Wages, commissions, bonuses, tips  |  |
| For the calendar year before that:  January 1 to December 31, 2020 YYYYY  Did you receive any other income during ude income regardless of whether that in blic benefit payments; pensions; rental in g a joint case and you have income that | bonuses, tips  Operating a business  g this year or the two previoncome is taxable. Examples come; interest; dividends; more than the come is taxable.                                  | ous calendar years? of other income are alimonyoney collected from lawsuits   | bonuses, tips  Operating a business  y; child support; Social Secu   |  |
| lanuary 1 to December 31, 2020 YYYYY  bid you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that                                      | bonuses, tips  Operating a business  g this year or the two previoncome is taxable. Examples come; interest; dividends; more than the come is taxable.                                  | ous calendar years? of other income are alimonyoney collected from lawsuits   | bonuses, tips  Operating a business  y; child support; Social Secu   |  |
| lanuary 1 to December 31, 2020 YYYYY  lid you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that                                      | bonuses, tips  Operating a business  g this year or the two previoncome is taxable. Examples come; interest; dividends; more than the come is taxable.                                  | ous calendar years? of other income are alimonyoney collected from lawsuits   | bonuses, tips  Operating a business  y; child support; Social Secu   |  |
| Did you receive any other income during ude income regardless of whether that in  | bonuses, tips  Operating a business  g this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it  Debtor 1  Sources of income | ous calendar years? of other income are alimonyoney collected from lawsuits   | bonuses, tips  Operating a business  y; child support; Social Secus; royalties; and gambling and public and pu |  |
| id you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that   | bonuses, tips  Operating a business  g this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it                              | ous calendar years? of other income are alimonyoney collected from lawsuits only once under Debtor 1.  Gross income from                                    | bonuses, tips  Operating a business  y; child support; Social Secus; royalties; and gambling an  | Gross Income from each source                        |
| lanuary 1 to December 31, 2020 YYYYY  lid you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that                                      | bonuses, tips  Operating a business  g this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it  Debtor 1  Sources of income | ous calendar years? of other income are alimonyoney collected from lawsuits only once under Debtor 1.  Gross income from each source (before deductions and | bonuses, tips  Operating a business  y; child support; Social Secus; royalties; and gambling and public and pu | Gross Income from each source (before deductions and |
| id you receive any other income during ude income regardless of whether that in lic benefit payments; pensions; rental in g a joint case and you have income that \( \frac{1}{2} \) No  Yes. Fill in the details.                             | bonuses, tips  Operating a business  g this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it  Debtor 1  Sources of income | ous calendar years? of other income are alimonyoney collected from lawsuits only once under Debtor 1.  Gross income from each source (before deductions and | bonuses, tips  Operating a business  y; child support; Social Secus; royalties; and gambling and public and pu | Gross Income from each source (before deductions and |

Bradley

Eugene

Fincannon

Case number (if known)

|            | Bradley   | Eugene   | Fincannon                          |                             | Case number (if             | known)  |
|------------|---|--|------------------------------------|-----------------------------|-----------------------------|---|
|            | First Nan   |  | Last Name                          |                             |                             |   |
| art 3: L   | ist Certain.  | Payments You Made  | Before You Filed f                 | or Bankruptcy               |                             |   |
| Aro oith   | or Dobtor 1'o                                       | or Dobtor 2's dobts prima  | rily concumer debte?               |                             |                             |   |
| . Are eith | ier Debtor i S                                      | or Debtor 2's debts prima  | rily consumer debts?               |                             |                             |   |
| ☐ No.      |   | btor 1 nor Debtor 2 has prain primarily for a personal,                                |                                    |                             | defined in 11 U.S.C. § 101  | (8) as "incurred by                                     |
|            | During the  | 90 days before you filed fo  | r bankruptcy, did you <sub>ا</sub> | pay any creditor a total of | \$7,575* or more?           |   |
|            | ☐ No. Go  | to line 7.   |                                    |                             |                             |   |
|            | p   | ist below each creditor to a aid that creditor. Do not in ot include payments to an    | clude payments for do              | mestic support obligations  | . ,                         | •   |
|            | * Subject to  | adjustment on 4/01/25 ar   | nd every 3 years after t           | hat for cases filed on or a | after the date of adjustmer | nt.   |
| -4         |   |  |                                    |                             |                             |   |
| Yes.       |   | Debtor 2 or both have pr   | •                                  |                             | ФСОО - и                    |   |
|            | Ü   | 90 days before you filed fo  | or bankruptcy, did you j           | pay any creditor a total of | \$600 or more?              |   |
|            | ☐ No. Go  | to line 7.   |                                    |                             |                             |   |
|            | —<br>ir   | ist below each creditor to<br>nclude payments for dome<br>in attorney for this bankrup | stic support obligations           | · ·                         | , ,                         |   |
|            |   |  | Dates of payment                   | Total amount paid           | Amount you still owe        | Was this payment for                                    |
|            |   |  | / /                                |                             |                             | ☐Mortgage   |
|            | Darrell Finca<br>Creditor's Nam                     |  | 04/01/2022                         | \$2,700.00                  | \$25,000.00                 | <b>√</b> Car  |
|            | 3194 Chimn  | -  | 05/01/2022                         |                             |                             | Credit card   |
|            | Number St   | reet   | 06/01/2022                         |                             |                             | Loan repayment  |
|            |   |  |                                    |                             |                             | Suppliers or vendors                                    |
|            | Abilene, TX   |  | -                                  |                             |                             | - Capplicis of Veridors                                 |
|            | Abilene, TX<br>City                                 | 79606<br>State ZIP Code  | -                                  |                             |                             | Other   |
|            |   |  | -                                  |                             |                             | Other   |
|            | City  | State ZIP Code   | 04/01/2022                         | \$1,512.00                  | \$18,811.00                 | Other   |
|            | FREEDOM Creditor's Nam                              | State ZIP Code  ROAD FINANCIAL   |                                    | \$1,512.00                  | \$18,811.00                 | ☐ Other   |
|            | FREEDOM<br>Creditor's Nam<br>10509 PRO              | State ZIP Code   | 04/01/2022<br>05/01/2022           | \$1,512.00                  | \$18,811.00                 | ☐ Other ☐ Mortgage ☐ Car ☐ Credit card                  |
|            | FREEDOM<br>Creditor's Nam<br>10509 PRO              | ROAD FINANCIAL  BE FESSIONAL CIR S  Treet  |                                    | \$1,512.00                  | \$18,811.00                 | ☐ Other ☐ Mortgage ☑ Car ☐ Credit card ☐ Loan repayment |
|            | FREEDOM<br>Creditor's Nam<br>10509 PRO<br>Number St | ROAD FINANCIAL  BE FESSIONAL CIR S  Treet  | 05/01/2022                         | \$1,512.00                  | \$18,811.00                 | ☐ Other ☐ Mortgage ☐ Car ☐ Credit card                  |

| Insider's Name<br>Number Stre |  | Dates of payment  | Total amount paid                         | Amount you still owe                                | Reason for t  | this payment                      |
|-------------------------------|--|---|---|---|---------------|-----------------------------------|
|                               | pet  |   | <del>.</del>                              |   |               |                                   |
| Number Stre                   | eet  |   |   |   |               |                                   |
|                               |  |   | ·<br>-                                    |   |               |                                   |
| City                          | State ZIP C  | code  |   |   |               |                                   |
| lude paymen<br><b>√</b> No    |  | nkruptcy, did you make an or cosigned by an insider.  d an insider.  Dates of     | y payments or transfer  Total amount paid | any property on acco                                |               | hat benefited an insider'         |
|                               |  | payment   |   | owe   | Include credi |                                   |
|                               |  |   |   |   |               |                                   |
| nsider's Name                 |  |   |   |   |               |                                   |
| Number Stre                   | eet  |   | -   |   |               |                                   |
| City                          | State ZIP C  | code  |   |   |               |                                   |
| Within 1 year                 | before you filed for bar<br>ters, including personal                         | epossessions, and For<br>nkruptcy, were you a party<br>injury cases, small claims | in any lawsuit, court ac                  |   |               |                                   |
| <b>√</b> Yes. Fill in         | the details.   |   |   |   |               |                                   |
|                               |  | Nature of the case  | Cou                                       | irt or agency                                       |               | Status of the case                |
|                               |  |   |   |   |               | <b></b>                           |
| Case title                    | Rocket Mortgage, LLC<br>F/K/A Quicken Loans,<br>LLS vs. Bradley<br>Fincannon | Foreclosure   |   | e of New Mexico Coun<br>n Judicial District<br>Name | ty of Quay    | ☑ Pending ☐ On appeal ☐ Concluded |

| rst Name  |   | Fincannon   |  | Case nui  | mber <i>(if knowi</i>  | n)  |
|---|---|---|--|---|--|---|
|   | Middle Nam  | Last Name   |  |   |  |   |
|   | N   | ature of the case   | Court or age   | ncy   |  | Status of the case  |
| Jamie Fincannon v<br>Bradley Fincannor<br>D-202-DM-2019-0 | vs.<br>1  | vorce   | Second Judici<br>County, New I<br>Court Name   | ial District Court<br>Mexico  | Bernalillo   | ☐ Pending ☐ On appeal ☑ Concluded   |
|   | _   |   | Number Stre  | et  |  | Concluded   |
|   |   |   |  | <b>.</b>  |  |   |
|   |   |   | City   | State   | ZIP Code   |   |
| oly and fill in the dense 11.                             | etails below.   | cy, was any of your property repo   | ossessed, foreclo  | sed, garnished,   | attached, se   | ized, or levied?  |
| io iniorniadori bole                                      |   | Describe the proper   | tv   | Da  | ate  | Value of the proper   |
|   |   | Besonibe the propert  | •9   |   |  | value of the proper   |
|   |   | _   |  |   |  | _   |
|   |   | _   |  |   |  |   |
| t   |   | Explain what happen   | ned  |   |  |   |
|   |   | _   |  |   |  |   |
|   |   |   |  |   |  |   |
| State   | ZIP Code  |   |  | 2 - A   |  |   |
|   |   | Trioperty was attac   | ileu, seizeu, oi lev   | ieu.  |  |   |
|   |   | a debt?   |  | Date  | e action was   |   |
|   |   |   |  |   |  |   |
| et .  |   | -   |  |   |  |   |
|   |   |   |  |   |  |   |
| State   | ZIP Code  | Last 4 digits of account numbe  | er: XXXX–  |   |  |   |
|   |   | Last 4 digits of account flumbe   | JI. 70707  | _   |  |   |
|   | before you filed folly and fill in the done 11. The information below the state  State  State  State  A before you filed payment because the details. | oly and fill in the details below.  The information below.  State ZIP Code  State State State Suppose some details. | before you filed for bankruptcy, was any of your property repolly and fill in the details below.  The property was repolly and file and the property of the property was repolly and payment because you owed a debt?  Describe the property was garm repoll property was attacted a payment because you owed a debt?  Describe the action the creditation of the property was attacted to the property was garm repoll property was attacted to the property was attacted to the property was garm repoll property was attacted to the property was attac | before you filed for bankruptcy, was any of your property repossessed, foreclosed and fill in the details below.  Describe the property  Explain what happened  Property was repossessed.  Property was garnished.  Property was attached, seized, or levels before you filed for bankruptcy, did any creditor, including a bank or financial payment because you owed a debt?  Describe the action the creditor took | before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, by and fill in the details below.  The information below.  Describe the property  Explain what happened  Property was repossessed.  Property was foreclosed.  Property was garnished.  Property was attached, seized, or levied.  State ZIP Code  Property was attached, seized, or levied.  See before you filed for bankruptcy, did any creditor, including a bank or financial institution, set of payment because you owed a debt?  Describe the action the creditor took  Date take | Describe the property was repossessed.    Property was garnished.   Property was garnished. |

| otor 1                  | Bradley                                     | Eugene            | Fincannon                                |                      | Case number (if know    | n)                     |
|-------------------------|---|-------------------|--|----------------------|-------------------------|------------------------|
|                         | First Name                                  | Middle Name       |  |                      |                         |                        |
| rt 5: Li                | st Certain Gifts ar                         | nd Contribut      | ions                                     |                      |                         |                        |
| . Within '              | 2 years before you file                     | od for bankrun    | tcy, did you give any gifts with a total | value of more than   | \$600 per person?       |                        |
| _                       | 2 years before you file                     | ed for bankrup    | ccy, did you give any girts with a total | value of more than   | \$600 per person?       |                        |
| <b>√</b> No             |   |                   |  |                      |                         |                        |
| Yes. F                  | Fill in the details for each                | ch gift.          |  |                      |                         |                        |
|                         | th a total value of mor                     | re than \$600     | Describe the gifts                       |                      | Dates you gave          | Value                  |
| per pers                | son   |                   |  |                      | the gifts               |                        |
|                         |   |                   |  |                      |                         |                        |
| Person to               | Whom You Gave the Gift                      |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
|                         |   |                   | _  |                      |                         |                        |
| Number                  | Street                                      |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
| City                    | State                                       | e ZIP Code        |  |                      |                         |                        |
| Person's                | relationship to you                         |                   | -  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
|                         |   |                   | tcy, did you give any gifts or contribut |                      |                         |                        |
| <b>√</b> No<br>☐ Yes. F | Fill in the details for ea                  | ch gift or contri | oution.                                  |                      |                         |                        |
|                         | contributions to char<br>al more than \$600 | rities Des        | cribe what you contributed               |                      | Date you<br>contributed | Value                  |
|                         |   |                   |  |                      |                         |                        |
| Charity's N             | lame  |                   |  |                      |                         | _                      |
|                         |   |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
| Number                  | Street                                      |                   |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
| City                    | State ZIF                                   | P Code            |  |                      |                         |                        |
|                         |   |                   |  |                      |                         |                        |
|                         | at Cantala I                                |                   |  |                      |                         |                        |
| rt 6: Li                | st Certain Losses                           |                   |  |                      |                         |                        |
| Within                  | 1 year before you filed                     | d for bankrunte   | ey or since you filed for bankruptcy, di | d vou lose anythin   | a hecause of theft fir  | a other disaster or    |
| mbling?                 |   | u ioi baliki upit | by or since you med for bankrupicy, di   | u you lose allytilli | g because of their, in  | e, other disaster, or  |
|                         |   |                   |  |                      |                         |                        |
| <b>√</b> No             | , your sololo you mo                        |                   |  |                      |                         |                        |
|                         | Fill in the details.                        |                   |  |                      |                         |                        |
| Yes. F                  | Fill in the details.                        | st and Descri     | be any insurance coverage for the los    | s C                  | Date of your loss       | Value of property lost |
| Yes. F                  | Fill in the details.                        | Include           | e the amount that insurance has paid. L  | ist pending          | Date of your loss       | Value of property lost |
| Describ                 | Fill in the details.                        | Include           |  | ist pending          | Date of your loss       | Value of property lost |
| Yes. F                  | Fill in the details.                        | Include           | e the amount that insurance has paid. L  | ist pending          | Date of your loss       | Value of property lost |

| out seeking bankruptcy or preparing clude any attorneys, bankruptcy petition   No  | a bankruptcy petition? n preparers, or credit counseling agencies for services requ   | iired in your bankruptcy.         |   |
|--|---|-----------------------------------|---|
|  |   |                                   |   |
| Yes. Fill in the details.  |   |                                   |   |
| Willhelm Law Firm  | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment                         |
| Person Who Was Paid  | Attorney's Fee  |                                   |   |
| Po Box 3536  |   | 06/02/2022                        | \$2,000.00                                |
| lumber Street  |   |                                   |   |
| Abilene, TX 79604-3536   |   |                                   |   |
| City State ZIP Code  |   |                                   |   |
| Email or website address   |   |                                   |   |
|  |   |                                   |   |
| . Within 1 year before you filed for bar Ip you deal with your creditors or to not include any payment or transfer the March No  |   | ay or transfer any property       | to anyone who promised                    |
| Within 1 year before you filed for bar ip you deal with your creditors or to not include any payment or transfer the No  | make payments to your creditors?  | Date payment or transfer was made | to anyone who promised  Amount of payment |
| . Within 1 year before you filed for bar<br>lp you deal with your creditors or to not include any payment or transfer the Monor of the Mo | nake payments to your creditors? nat you listed on line 16.   | Date payment or                   |   |
| Within 1 year before you filed for bar p you deal with your creditors or to n not include any payment or transfer th   ✓ No  Yes. Fill in the details.  Person Who Was Paid  | nake payments to your creditors? nat you listed on line 16.   | Date payment or                   |   |
| Within 1 year before you filed for bar Ip you deal with your creditors or to n not include any payment or transfer th  ✓ No  ☐ Yes. Fill in the details.  Person Who Was Paid  | nake payments to your creditors? nat you listed on line 16.   | Date payment or                   |   |
| lp you deal with your creditors or to not include any payment or transfer the one of th    | nake payments to your creditors? nat you listed on line 16.   | Date payment or                   |   |
| Within 1 year before you filed for bar p you deal with your creditors or to not include any payment or transfer the No  ☐ Yes. Fill in the details.  ☐ Person Who Was Paid  ☐ Street  ☐ Within 2 years before you filed for backinary course of your business or final lude both outright transfers and transfer not include gifts and transfers that you  | nake payments to your creditors? nat you listed on line 16.  Description and value of any property transferred  ankruptcy, did you sell, trade, or otherwise transfer any property.   | Date payment or transfer was made | Amount of payment                         |
| Within 1 year before you filed for bar p you deal with your creditors or to n not include any payment or transfer th  ✓ No  ☐ Yes. Fill in the details.  Person Who Was Paid  Dity State ZIP Code  Within 2 years before you filed for bat linary course of your business or final lude both outright transfers and transfer   | nake payments to your creditors?  nat you listed on line 16.  Description and value of any property transferred  ankruptcy, did you sell, trade, or otherwise transfer any pancial affairs?  ers made as security (such as the granting of a security interest to the part of | Date payment or transfer was made | Amount of payment                         |

Bradley

Eugene

Fincannon

Case number (if known)

|  | Bradley First Name   | Eugene<br>Middle Name | Fincannon<br>Last Name   |  | Case number (if known)  |                                 |
|--|--|-----------------------|--|--|---|---------------------------------|
|  |  | Descript<br>transferi | ion and value of property<br>red   | Describe any propereceived or debts p  |   | Date transfer was made          |
| Person Who I   | Received Transfer  |                       |  |  | _   |                                 |
| Number S   | Street   |                       |  |  |   |                                 |
|  |  |                       |  |  |   |                                 |
| City   | State ZIF  |                       |  |  |   |                                 |
| Person's rel   | lationship to you  |                       |  |  |   |                                 |
| . Within 10  | years before you fi  | led for bankruptcy,   | did you transfer any prop  | erty to a self-settled trust   | or similar device of which  | you are a beneficiar            |
|  | ten called asset-pro   |                       |  | •  |   |                                 |
| <del></del>  | in the details.  |                       |  |  |   |                                 |
|  |  | Descript              | ion and value of the prope   | rty transferred  |   | Date transfer was made          |
|  |  |                       |  |  |   |                                 |
| √lame of tru   | ıst  |                       |  |  |   |                                 |
| lame of tru  | ust  |                       |  |  | _   |                                 |
|  |  |                       | struments, Safe Depos  | it Boxes, and Storage  | e Units   |                                 |
| Within 1 y transferred check hds, cooper                                     | Certain Financi<br>rear before you filed   | al Accounts, Ins      | ere any financial accounts   | or instruments held in yo  | e Units  our name, or for your benefinks, credit unions, brokerag |                                 |
| List Within 1 y transferred clude check nds, cooper                          | Certain Financi<br>rear before you filed<br>1?<br>king, savings, money                               | al Accounts, Ins      | ere any financial accounts   | or instruments held in yo  | our name, or for your benef                                       |                                 |
| Within 1 y transferred check hds, cooper                                     | Certain Financi<br>rear before you filed<br>1?<br>king, savings, money<br>ratives, associations      | al Accounts, Ins      | ere any financial accounts   | or instruments held in yo  | our name, or for your benef                                       | e houses, pension  Last balance |
| t 8: List  Within 1 y  transferred lude check ds, cooper.  ✓ No  ☐ Yes. Fill | Certain Financi<br>rear before you filed<br>1?<br>king, savings, money<br>ratives, associations      | al Accounts, Ins      | ere any financial accounts nancial accounts; certificate I institutions. | or instruments held in your solutions of deposit; shares in bar Type of account or instrument  | Date account was closed, sold, moved, or                          | Last balance before closing or  |
| Within 1 y transferred lude check dds, cooper Y No                           | Certain Financi  year before you filed 1? king, savings, money ratives, associations in the details. | al Accounts, Ins      | ere any financial accounts nancial accounts; certificate I institutions. | or instruments held in your soft deposit; shares in bar  | Date account was closed, sold, moved, or                          | Last balance before closing or  |
| List  Within 1 y transferred clude check dds, cooper  ✓ No  Yes. Fill        | Certain Financi year before you filed 1? xing, savings, money ratives, associations in the details.  | al Accounts, Ins      | ere any financial accounts nancial accounts; certificate I institutions. | or instruments held in your soft deposit; shares in barries of deposit; shares of deposi | Date account was closed, sold, moved, or                          | Last balance before closing or  |
| List  Within 1 y transferred clude check ds, cooper  No  Yes. Fill           | Certain Financi  year before you filed 1? king, savings, money ratives, associations in the details. | al Accounts, Ins      | ere any financial accounts nancial accounts; certificate I institutions. | or instruments held in your soft deposit; shares in bar so | Date account was closed, sold, moved, or                          | Last balance before closing or  |
| List  Within 1 y transferred clude check nds, cooper  No Yes. Fill           | Certain Financi  year before you filed 1? king, savings, money ratives, associations in the details. | al Accounts, Ins      | ere any financial accounts nancial accounts; certificate I institutions. | or instruments held in your soft deposit; shares in barries of deposit; shares of dep | Date account was closed, sold, moved, or                          | Last balance before closing or  |

| tor 1   | Bradley   | Eugene         | )                                   | Finca       | IIIIOII    |                    |                     | Case number (if    | . ,                            |
|---|---|----------------|-------------------------------------|-------------|------------|--------------------|---------------------|--------------------|--------------------------------|
|   | First Name  | Middle N       |                                     | Last N      | lame       |                    |                     |                    |                                |
|   |   |                | Who els                             | e had acce  | ess to it? |                    | Describe the co     | ontents            | Do you still have it?          |
|   |   |                |                                     |             |            |                    |                     |                    | □No                            |
| Name of Fina  | ancial Institution  |                | Name                                |             |            |                    |                     |                    | Yes                            |
| Number \$   | Street  |                | Number                              | Street      |            |                    |                     |                    |                                |
|   |   |                | City                                |             | State      | ZIP Code           |                     |                    |                                |
| City  | State   | ZIP Code       |                                     |             |            |                    |                     |                    |                                |
| Have you  | ı stored property   | in a storage ( | ınit or pla                         | ce other th | an your    | home within        | n 1 year before you | filed for bankrupt | cy?                            |
| <b>√</b> No   |   |                |                                     |             |            |                    |                     |                    |                                |
| Yes. Fill   | I in the details.   |                |                                     |             |            |                    |                     |                    |                                |
|   |   |                | Who els                             | e has or ha | ad acces   | s to it?           | Describe the co     | ontents            | Do you still have it?          |
|   |   |                |                                     |             |            |                    |                     |                    | □No                            |
| Name of Sto   | orage Facility  |                | Name                                |             |            |                    |                     |                    | Yes                            |
|   |   |                |                                     |             |            |                    |                     |                    |                                |
|   | Street  |                | Number                              | Street      |            |                    |                     |                    |                                |
|   | Street  |                | Number                              | Street      | State      | ZIP Code           |                     |                    |                                |
| Number 5  |   | ZIP Code       |                                     | Street      | State      | ZIP Code           |                     |                    |                                |
|   | Street  | ZIP Code       |                                     | Street      | State      | ZIP Code           |                     |                    |                                |
| Number S  | State   |                | City                                |             |            |                    |                     |                    |                                |
| Number S  |   |                | City                                |             |            |                    |                     |                    |                                |
| Number : City rt 9: Ider                                      | <b>State</b><br>ntify Property                              | You Hold o     | <b>City</b><br>r Contro             | l for Som   | eone E     | Ise                | erty you borrowed   | from, are storing  | for, or hold in trust for some |
| Number S City  rt 9: Ider                                     | <b>State</b><br>ntify Property                              | You Hold o     | <b>City</b><br>r Contro             | l for Som   | eone E     | Ise                | erty you borrowed   | from, are storing  | for, or hold in trust for some |
| Number S City  Tt 9: Ider 3. Do you he                        | <b>State</b><br>ntify Property                              | You Hold o     | <b>City</b><br>r Contro             | l for Som   | eone E     | Ise                | erty you borrowed   | from, are storing  | for, or hold in trust for some |
| Number S City  Tt 9: Ider 3. Do you he                        | State  ntify Property  old or control an                    | You Hold o     | City<br>r Contro                    | l for Som   | eone E     | Ise                | erty you borrowed   |                    | for, or hold in trust for some |
| Number S City  Tt 9: Ider  3. Do you he  1 No  Yes. Fill      | State  ntify Property  old or control an  I in the details. | You Hold o     | City r Contro                       | I for Some  | eone E     | Ise                |                     |                    |                                |
| Number S City  Tt 9: Ider  3. Do you he  1 No  Yes. Fill      | State  ntify Property  old or control an  I in the details. | You Hold o     | City<br>r Contro                    | I for Som   | eone E     | Ise                |                     |                    |                                |
| Number S City  Tt 9: Ider B. Do you ho Myes. Fill Owner's Nam | State  ntify Property  old or control an  I in the details. | You Hold o     | City r Contro                       | I for Some  | eone E     | Ise                |                     |                    |                                |
| Number S City  It 9: Ider Do you ho Yes. Fill  Owner's Nan    | State  ntify Property  old or control an  I in the details. | You Hold o     | City r Contro                       | I for Some  | eone E     | Ise                |                     |                    |                                |
| Number S City  It 9: Ider Do you ho Yes. Fill  Owner's Nan    | State  ntify Property  old or control an  I in the details. | You Hold o     | City  r Contro  at someon  Where is | I for Some  | eone E     | lse<br>de any prop |                     |                    |                                |

| t 10: Give Details About Envir  | ronmental Information  |   |                                |
|---|--|---|--------------------------------|
|   |  |   |                                |
| or the purpose of Part 10, the followir   | ng definitions apply:  |   |                                |
| Environmental law means any feder   | ral, state, or local statute or regulation of the air, land, soil, surface water, ground                         | concerning pollution, contamination, releases of ndwater, or other medium, including statutes or re |                                |
| Site means any location, facility, or por utilize it, including disposal sites.   | property as defined under any environr   | mental law, whether you now own, operate, or ut   | ilize it or used to own, opera |
| <ul> <li>Hazardous material means anything<br/>pollutant, contaminant, or similar ter</li> </ul>                          |  | zardous waste, hazardous substance, toxic subs  | stance, hazardous material,    |
| eport all notices, releases, and proce  | edings that you know about, regardle   | ss of when they occurred.   |                                |
| 4. Has any governmental unit notified   | you that you may be liable or potenti  | ally liable under or in violation of an environme   | ental law?                     |
| √No   |  |   |                                |
| Yes. Fill in the details.   |  |   |                                |
|   | Governmental unit  | Environmental law, if you know it   | Date of notice                 |
| Name of site  | Governmental unit  | _   |                                |
|   |  |   |                                |
|   |  |   |                                |
| Number Street   | Number Street  |   |                                |
|   | Number Street  City State ZIP Code   |   |                                |
| Number Street  City State ZIP Code  | City State ZIP Code  | <br>nterial?  |                                |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  ✓ No  | City State ZIP Code  |   |                                |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  | City State ZIP Code  |   |                                |
| Number Street  City State ZIP Code  5. Have you notified any governmentation  | City State ZIP Code  | eterial?  | Date of notice                 |
| Number Street  City State ZIP Code  5. Have you notified any governmentation  | City State ZIP Code  al unit of any release of hazardous ma  |   | Date of notice                 |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  ✓ No  ☐ Yes. Fill in the details.               | City State ZIP Code  al unit of any release of hazardous ma  |   | Date of notice                 |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  ✓ No  ☐ Yes. Fill in the details.               | City State ZIP Code  al unit of any release of hazardous ma  |   | Date of notice                 |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  ✓ No  ☐ Yes. Fill in the details.  Name of site | City State ZIP Code  al unit of any release of hazardous ma  Governmental unit  Governmental unit                |   | Date of notice                 |
| Number Street  City State ZIP Code  5. Have you notified any governmenta  ✓ No  ☐ Yes. Fill in the details.  Name of site | City State ZIP Code  al unit of any release of hazardous ma  Governmental unit  Governmental unit  Number Street |   | Date of notice                 |

Bradley

Eugene

Fincannon

Case number (if known) \_

| Debtor 1         | Bradley                | Eugene                   | Fincannon                     |                            | Case number          | (if known)                          |
|------------------|------------------------|--------------------------|-------------------------------|----------------------------|----------------------|-------------------------------------|
|                  | First Name             | Middle Name              | Last Name                     |                            |                      |                                     |
|                  |                        | Court or a               | agency                        | Nature of the o            | ase                  | Status of the case                  |
| Case title -     |                        |                          |                               |                            |                      | ☐ Pending                           |
| Oase title -     |                        | Court Name               |                               | _                          |                      | ☐ On appeal                         |
|                  |                        |                          |                               |                            |                      | ☐ Concluded                         |
|                  |                        | Number                   | Street                        |                            |                      | Goonsiaasa                          |
| Case number      | er                     | City                     | State ZIP Code                |                            |                      |                                     |
|                  |                        | City                     | ciate Lii couc                |                            |                      |                                     |
|                  |                        |                          |                               |                            |                      |                                     |
| Part 11: Gi      | ve Details Abou        | t Your Business o        | Connections to Ar             | ny Business                |                      |                                     |
| 27. Within 4     | years before you fi    | ed for bankruptcy, di    | d you own a business o        | or have any of the fol     | lowing connections t | o any business?                     |
| ☐ A s            | sole proprietor or se  | lf-employed in a trade   | profession, or other ac       | tivity, either full-time o | or part-time         |                                     |
| ☐ A n            | nember of a limited    | liability company (LLC   | c) or limited liability partr | nership (LLP)              |                      |                                     |
|                  | partner in a partners  |                          |                               |                            |                      |                                     |
|                  |                        | managing executive o     | f a corneration               |                            |                      |                                     |
|                  |                        |                          |                               | and an                     |                      |                                     |
| _                |                        |                          | ty securities of a corpor     | ation                      |                      |                                     |
| <b>⊻</b> No. Nor | ne of the above app    | lies. Go to Part 12.     |                               |                            |                      |                                     |
| Yes. Ch          | eck all that apply al  | pove and fill in the det | ails below for each busin     | ness.                      |                      |                                     |
|                  |                        | Describe                 | the nature of the busi        | ness                       | Employer Identificat |                                     |
| Name             |                        |                          |                               |                            | Do not include Socia | al Security number or ITIN.         |
|                  |                        |                          |                               |                            | EIN:                 |                                     |
| Number           | Street                 |                          |                               |                            | Bata basis as asta   | (-1                                 |
|                  |                        | Name of                  | accountant or bookke          | eper                       | Dates business exis  | tea                                 |
|                  |                        |                          |                               |                            | From                 | _ To                                |
| City             | State Z                | IP Code                  |                               |                            |                      |                                     |
|                  |                        |                          |                               |                            |                      |                                     |
| 28. Within 2     | years before you fi    | ed for bankruptcy, di    | d you give a financial s      | tatement to anyone a       | about your business? | Include all financial institutions, |
|                  | other parties.         |                          |                               |                            |                      |                                     |
| <b>✓</b> No      |                        |                          |                               |                            |                      |                                     |
| Yes. Fill        | I in the details below | <i>I</i> .               |                               |                            |                      |                                     |
|                  |                        | Date iss                 | ued                           |                            |                      |                                     |
|                  |                        |                          |                               |                            |                      |                                     |
| Name             |                        | MM / DD / `              |                               |                            |                      |                                     |
| ranio            |                        | , <i>5</i> 67            |                               |                            |                      |                                     |
| Number           | Street                 |                          |                               |                            |                      |                                     |
|                  |                        |                          |                               |                            |                      |                                     |
|                  |                        |                          |                               |                            |                      |                                     |
| City             | State Z                | IP Code                  |                               |                            |                      |                                     |
| Uity             | Jiale Z                | 3040                     |                               |                            |                      |                                     |

| Debtor 1       | Bradley           | Eugene                 | Fincannon                    | Case number (if known)  |
|----------------|-------------------|------------------------|------------------------------|---|
|                | First Name        | Middle Name            | Last Name                    |   |
|                |                   |                        |                              |   |
| Part 12: Sig   | n Below           |                        |                              |   |
| and correct. I | understand that m | aking a false statemen | t, concealing property, or o | ts, and I declare under penalty of perjury that the answers are true btaining money or property by fraud in connection with a lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |

| X /s/ Bradley Eugene Fincannon Signature of Bradley Eugene Fincannon, Debtor 1       |   |
|--|---|
| Date <u>06/24/2022</u>   |   |
| Did you attach additional pages to your <i>Statement of Financial Affairs for</i> No | Individuals Filing for Bankruptcy (Official Form 107)?  |
| ☐Yes   |   |
| Did you pay or agree to pay someone who is not an attorney to help you f             | ill out bankruptcy forms?   |
| √No  |   |
| ☐ Yes. Name of person  | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this information                | to identify your case | :           |                           |              |
|---|-----------------------|-------------|---------------------------|--------------|
| Debtor 1                                | Bradley               | Eugene      | Fincannon                 |              |
|   | First Name            | Middle Name | Last Name                 |              |
| Debtor 2                                |                       |             |                           |              |
| (Spouse, if filing)                     | First Name            | Middle Name | Last Name                 |              |
| United States Bankruptcy Court for the: |                       | N           | orthern District of Texas |              |
| Case number                             |                       |             |                           | ☐ Check if t |
| (if known)                              |                       |             |                           | amended      |

# Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| new Summary and check the box at the top of this page.   | •   |
|--|---|
| Part 1: Summarize Your Assets  |   |
|  | Your assets Value of what you own           |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$88,756.00<br>\$101,032.82<br>\$189,788.82 |
| Garminarize roar Elabinities   | Your liabilities Amount you owe             |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$179,414.00                                |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | <b>+</b> \$27,450.00                        |
| Part 3: Summarize Your Income and Expenses   | \$206,864.00                                |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$5,677.78                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J   | \$5,621.00                                  |

| De   | btor 1                 | Bradley<br>First Name               | Eugene<br>Middle Name                                   | Fincannon Last Name                                      | Case number (if know                                    | n)         |
|------|------------------------|-------------------------------------|---|--|---|------------|
| Pa   | ırt 4: Answe           | er These Ques                       | tions for Administra                                    | ative and Statistical Records                            |   |            |
|      |                        |                                     |   |  |   |            |
| [    |                        |                                     | nder Chapters 7, 11, or<br>oort on this part of the fo  | 13? rm. Check this box and submit this form              | n to the court with your other sche                     | dules.     |
|      | √ Your debts           | ebt do you have<br>are primarily co | nsumer debts. Consum                                    | ner debts are those "incurred by an indiv                | vidual primarily for a personal,<br>s. 28 U.S.C. § 159. |            |
| [    |                        |                                     | y consumer debts. You<br>our other schedules.           | have nothing to report on this part of th                | ne form. Check this box and subm                        | it         |
|      |                        |                                     | urrent Monthly Income:<br>122B Line 11; <b>OR</b> , For | Copy your total current monthly income m 122C-1 Line 14. | from Official   | \$8,451.96 |
|      |                        |                                     |   |  |   |            |
| 9. ( | Copy the follow        | ving special cate                   | egories of claims from                                  | Part 4, line 6 of Schedule E/F:                          |   |            |
|      |                        |                                     |   |  | Total claim   |            |
|      | From Part 4            | on Schedule E/F                     | F, copy the following:                                  |  |   |            |
|      | 9a. Domestic           | support obligatio                   | ons (Copy line 6a.)                                     |  | \$0.00  |            |
|      | 9b. Taxes and          | I certain other de                  | bts you owe the govern                                  | ment. (Copy line 6b.)                                    | \$0.00  |            |
|      | 9c. Claims for         | death or person                     | al injury while you were                                | intoxicated. (Copy line 6c.)                             | \$0.00  |            |
|      | 9d. Student lo         | ans. (Copy line 6                   | 6f.)  |  | \$0.00  |            |
|      |                        | s arising out of a opy line 6g.)    | separation agreement of                                 | or divorce that you did not report as prio               | ority\$0.00   |            |
|      | 9f. Debts to pe        | ension or profit-s                  | haring plans, and other                                 | similar debts. (Copy line 6h.)                           | + \$0.00  | 1          |
|      | 9g. <b>Total</b> . Add | l lines 9a through                  | n 9f.   |  | \$0.00  |            |

| Fill in this informatio | n to identify your case | and this filing: |                            |                          |
|-------------------------|-------------------------|------------------|----------------------------|--------------------------|
| Debtor 1                | Bradley                 | Eugene           | Fincannon                  |                          |
|                         | First Name              | Middle Name      | Last Name                  |                          |
| Debtor 2                |                         |                  |                            |                          |
| (Spouse, if filing)     | First Name              | Middle Name      | Last Name                  |                          |
| United States Bank      | cruptcy Court for the:  | N                | lorthern District of Texas | <br>☐ Check if this is a |
| Case number             |                         |                  |                            | amended filing           |

## Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Ans | ower eart 1: | Describe Each Residence, Building                   | y, Land, or Other Real Estate You Own or H rest in any residence, building, land, or similar prop   | ave an Interest In  | <u> </u>  |  |
|-----|--------------|---|---|---|---|--|
|     |              | Street address, if available, or other description  | ☑ Single-family home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property.</i> |   |  |
|     |              | Tucumari, NM 85401 City State ZIP Code  Quay County | ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other           | Current value of the entire property?  \$88,756.00  Describe the nature of your (such as fee simple, tend life estate), if known.                     | Current value of the portion you own?  \$88,756.00  our ownership interest ancy by the entireties, or a |  |
|     |              |   | Who has an interest in the property? Check one.   | Fee Simple  |   |  |
|     |              |   | <ul> <li>☑ Debtor 1 only</li> <li>☑ Debtor 2 only</li> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and another</li> </ul> | ☐ Check if this is community property (see instructions)  |   |  |
|     |              |   | Other information you wish to add about this item property identification number:   |   |   |  |
| 2.  |              |   | all of your entries from Part 1, including any entrier there  | s for pages   | \$88,756.00   |  |

Debtor 1 **Bradley** Fincannon Eugene Case number (if known) -First Name Middle Name Last Name Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No **√** Yes 3.1 Make: **BMW** Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Debtor 1 only X5 Who Have Claims Secured by Property. Model: Debtor 2 only 2011 Current value of the Current value of the Debtor 1 and Debtor 2 only Year: entire property? portion you own? At least one of the debtors and another Approximate mileage: \$5,418.00 \$5,418.00 ☐ Check if this is community property Other information: (see instructions) If you own or have more than one, list here: 3.2 Make: Who has an interest in the property? Check one. Jeep Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Debtor 1 only Renegade Model: Who Have Claims Secured by Property. Debtor 2 only Current value of the 2018 ☐ Debtor 1 and Debtor 2 only Current value of the Year: entire property? portion you own? At least one of the debtors and another Approximate mileage: \$30,693.00 \$30,693.00 ☐ Check if this is community property Other information: (see instructions) Debtor will Surrender his interest Who has an interest in the property? Check one. 3.3 Make: Harley Do not deduct secured claims or exemptions. Put the Davidson amount of any secured claims on Schedule D: Creditors Debtor 1 only Who Have Claims Secured by Property. Model: Debtor 2 only Street Glide Current value of the Current value of the Debtor 1 and Debtor 2 only Year: 2018 portion you own? entire property? ☐ At least one of the debtors and another Approximate mileage: \$18,811.00 \$18,811.00 ☐ Check if this is community property Other information: (see instructions)

| Debtor ' | Bradley Bradley  | Eugene                             | Fincannon  | Case number (if known)   |
|----------|--|------------------------------------|--|--|
|          | First Name   | Middle Name                        | Last Name  |  |
| 3.4      | Make:  Model:  Year:  Approximate mileage:  Other information: | Kawasaki KLX110 2019               | Who has an interest in the property? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditor Who Have Claims Secured by Property.  Current value of the entire property?  \$1,000.00  \$1,000.00       |
| 3.5      | Make: Model: Year: Approximate mileage: Other information:     | Enclosed 16' Trailer 2018          | Who has an interest in the property? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditor Who Have Claims Secured by Property.</i> Current value of the entire property?  \$3,328.00  \$3,328.00 |
| 3.6      | Make:  Model:  Year:  Approximate mileage:  Other information: | Open Range  5th Wheel Camper  2014 | Who has an interest in the property? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditor Who Have Claims Secured by Property.</i> Current value of the entire property?  \$7,408.00  \$7,408.00 |
| 3.7      | Make:  Model:  Year:  Approximate mileage:  Other information: | Chevrolet 1500 2018                | Who has an interest in the property? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditor Who Have Claims Secured by Property.  Current value of the entire property?  \$25,000.00  \$25,000.00     |

| Deb | otor 1                | Bradley             | Eugene                                 | Fincannon  | Case number (if known                     | )   |
|-----|-----------------------|---------------------|--|--|---|---|
|     |                       | First Name          | Middle Name                            | Last Name  |   |   |
|     |                       |                     |  |  |   |   |
| 4.  |                       |                     |  | recreational vehicles, other vehicles, snowmobi                  |   |   |
|     |                       |                     |  |  |   |   |
| 5.  |                       |                     |  |  | cluding any entries for pages             | \$91,658.00   |
| Pai | rt 3: Descri          | be Your Pers        | onal and Household                     | Items  |   |   |
| Do  | you own or h          | ave any legal c     | or equitable interest in ar            | ny of the following items?                                       |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  | Household go          | oods and furnis     | shings                                 |  |   |   |
|     | Examples: M           | lajor appliances    | s, furniture, linens, china,           | kitchenware  |   |   |
|     | ☐ No<br>☑ Yes. Desci  | riho I              | Refrigerator, washer/drye<br>furniture | r, living room furniture, bedro                                  | oom furniture, kitchen wares, dining room | \$1,600.00  |
| 7.  |                       |                     |  | o, and digital equipment; cor<br>ell phones, cameras, media p    | nputers, printers, scanners; music        |   |
|     | No Yes. Descri        | Г                   | Computer, printers, tvs ar             |  | nayers, games                             | \$1,000.00  |
|     |                       | L                   |  |  |   | _   |
| 8.  | Collectibles o        | f value             |  |  |   |   |
|     |                       |                     |  | r other artwork; books, pictur<br>other collections, memorabilia |   |   |
|     | No Yes. Descri        | ribe                |  |  |   | ] ———   |
| a   | Equipment fo          | r sports and ho     | nhhias                                 |  |   |   |
| 0.  | Examples: S           | ports, photogra     |  |  | pool tables, golf clubs, skis; canoes and |   |
|     | No Yes. Descri        | ribe                |  |  |   | ]   |
|     |                       |                     |  |  |   | _   |
| 10. | Firearms  Examples: 1 | Pistols, rifles, sl | notguns, ammunition, and               | d related equipment  |   |   |
|     | ✓ No<br>☐ Yes. Des    | Г                   |  |  |   | ]   |
|     |                       | L                   |  |  |   | _   |
| 11. | Clothes               | Everyday clotho     | es furs leather coats do               | signer wear, shoes, accessor                                     | عمان                                      |   |
|     | ☐ No                  |                     | Misc. wearing apparel                  | Signer wear, silves, accessor                                    |   | 1 .   |
|     | Yes. Des              | cribe               | wisc. wearing apparer                  |  |   | \$500.00  |

|     | First Name Middle Name Last Name   |   |
|-----|--|---|
| 12. | <ul> <li>Jewelry</li> <li>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,</li> </ul>  | gold.   |
|     | silver  No Yes. Describe  Misc. gold & silver jewelry  | \$200.00  |
| 13. | . Non-farm animals  Examples: Dogs, cats, birds, horses  |   |
|     | ✓ No ☐ Yes. Describe   |   |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list  |   |
| 15. | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached   |   |
| Par | for Part 3. Write that number here  art 4: Describe Your Financial Assets  | —————————————————————————————————————   |
|     | o you own or have any legal or equitable interest in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | . Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your pet  ✓ No  ☐ Yes  |   |
| 17. | <ul> <li>Deposits of money</li> <li>Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage other similar institutions. If you have multiple accounts with the same institution, list each.</li> </ul> | houses, and   |
|     | ☐ No ☑ Yes   |   |
|     | Institution name:  17.1. Checking account: First Convenience Bank \$5  | 00.00   |
|     | 17.2. Checking account: Abilene Federal Credit Union \$1,0   | 00.00   |
|     | 17.3. Savings account:  Abilene Federal Credit Union  \$4  17.4. Savings account:  | 00.00   |
|     | 17.5. Certificates of deposit:   | <del></del>   |

**Bradley** 

Eugene

Fincannon

Case number (if known) -

Official Form 106A/B Schedule A/B: Property page 5

| otor 1   | Bradley   |   | ugene  | Fincannon  |   | Ca                       | isc number (# Ki | nown)   |  |
|--|---|---|--|--|---|--------------------------|------------------|---------|--|
|  | First Name  | N   | /liddle Name   | Last Name  |   |                          |                  |         |  |
|  |   |   |  |  |   |                          |                  |         |  |
| 47.0.04  | <i>c.</i>   |   |  |  |   |                          |                  |         |  |
| 17.6. Other  | financial acc   | ount:   |  |  |   | - —                      |                  | -       |  |
|  |   |   |  |  |   |                          |                  |         |  |
| 17.7. Other  | financial acc   | ount: _   |  |  |   |                          |                  | _       |  |
|  |   |   |  |  |   |                          |                  |         |  |
| 17.8. Other  | financial acc   | ount:   |  |  |   |                          |                  | _       |  |
|  |   |   |  |  |   |                          |                  |         |  |
| 179 Other  | financial acc   | ount.   |  |  |   |                          |                  |         |  |
| 17.0. Other  | ililariolal acc   |   |  |  |   |                          |                  | -       |  |
| Bonds, mut   | tual funds, o   | r publicly tr   | raded stocks   |  |   |                          |                  |         |  |
| Examples:  | Bond funds,   | investment  | accounts with  | brokerage firms, n   | noney market accounts   | 8                        |                  |         |  |
| ☐ No   |   |   |  | -  | ·   |                          |                  |         |  |
| <b>☑</b> Yes   |   |   |  |  |   |                          |                  |         |  |
| Institution o  | r issuer name   | ٥٠  |  |  |   |                          |                  |         |  |
| การแนนเบา  | i issuel liallit  |   |  |  |   |                          |                  |         |  |
| Harley Day   | vidson - 5 sh   | ares at \$36  | 6.14/share   |  |   |                          | \$180.70         |         |  |
| Harrey Bur   | 1100011 0 01  | iai oo at qo  | 011 17011a10   |  |   | _                        | ψ.σσσ            | _       |  |
| OVV-WES  | TEDN - 16 SI  | naros at \$4  | 7 26/shara   |  |   |                          | \$756.16         |         |  |
| OXI-WES  | 1EKN - 10 3   | iaies at 54   | 7.20/Silaie  |  |   |                          | \$730.10         | -       |  |
|  |   |   |  |  |   |                          | ***              |         |  |
| SIRI - 2 SN  | ares at \$6.34  | <del>Vsnare</del>   |  |  |   |                          | \$12.68          | -       |  |
| Non-public   | ly traded sto<br>rtnership, an  |   |  | orated and uninco  | orporated businesses,   | including an i           | nterest in       |         |  |
| Non-public<br>an LLC, par<br>✓ No<br>☐ Yes. Giv<br>informat  | rtnership, an   |   |  | orated and uninco  | orporated businesses,   | including an i           | nterest in       |         |  |
| Non-public<br>an LLC, par<br>✓ No<br>☐ Yes. Giv<br>informat  | rtnership, and<br>we specific<br>tion about   |   |  | orated and uninco  | orporated businesses, % of ownership:   | including an i           | nterest in       |         |  |
| Non-public<br>an LLC, par<br>No<br>Yes. Giv<br>informat<br>them  | rtnership, and<br>we specific<br>tion about   |   |  | orated and uninco  |   | including an i           | nterest in       |         |  |
| Non-public<br>an LLC, par<br>No<br>Yes. Giv<br>informat<br>them  | rtnership, and<br>we specific<br>tion about   |   |  | orated and uninco  |   | including an i           | nterest in       | _       |  |
| Non-publici<br>an LLC, par<br>No<br>Yes. Giv<br>informat<br>them   | rtnership, and<br>ve specific<br>tion about<br>   | d joint vent  | ture   |  | % of ownership:   | including an i           | nterest in       | -       |  |
| Non-publici<br>an LLC, par<br>No<br>Yes. Giv<br>informat<br>them   | rtnership, and<br>ve specific<br>tion about<br>   | d joint vent  | ture   |  |   | including an i           | nterest in       | _       |  |
| Non-publician LLC, par Value No Ves. Givernment them  Covernment Negotiable  | rtnership, and we specific tion about httity:   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | -       |  |
| Non-public an LLC, par Value No Ves. Givernment Negotiable Non-negotia   | rtnership, and we specific tion about httity:   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:   | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par Ves. Givernment them  Name of en  Government Negotiable Non-negotia  Model No   | rtnership, and we specific tion about htty:  ht and corpor instruments is able instrume   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par Ves. Givernmer Negotiable Non-negotiation Ves. Givernmer V | rtnership, and we specific tion about htty:  ht and corpor instruments in able instrume we specific   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par Ves. Givernmer Negotiable Non-negotial Ves. Givernment  | rtnership, and we specific tion about htty:  ht and corpor instruments is able instrume   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       |         |  |
| Non-public an LLC, par Value No Ves. Givernmer Negotiable Non-negotia No Ves. Givernment Non-negotia Non-negotia them  | rtnership, and we specific tion about   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       |         |  |
| Non-public an LLC, par Ves. Givernmer Negotiable Non-negotial Ves. Givernment  | rtnership, and we specific tion about   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par Value No Ves. Givernmer Negotiable Non-negotia No Ves. Givernment Non-negotia Non-negotia them  | rtnership, and we specific tion about   | rate bonds  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par V No Yes. Givernmer Negotiable Non-negotial No Yes. Givinformat them  | rtnership, and we specific tion about   | rate bonds<br>noclude pers  | and other nego   | <b>itiable and non-no</b><br>shiers' checks, pr              | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.             | nterest in       | _       |  |
| Non-public an LLC, par V No Yes. Givernmer Negotiable Non-negotial No Yes. Givernment them   | rtnership, and we specific tion about   | rate bonds include pers   | and other nego<br>conal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m e by signing or deliveri | oney orders.<br>ng them. |                  | -       |  |
| Non-public an LLC, par Value No Ves. Givernmer Negotiable Non-negotia Value Non-negotia them  Savernmer Negotiable Non-negotia value Non-negotia them  Retirement Examples:  | rtnership, and we specific tion about   | rate bonds include pers   | and other nego<br>conal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m                          | oney orders.<br>ng them. |                  | -<br>ns |  |
| Non-public an LLC, par Value No Ves. Givernmer Negotiable Non-negotiable Non-negotiathem  Issuer name  Retirement Examples:  | rtnership, and we specific tion about mitity:  Int and corpor instruments in able instrume we specific tion about   | rate bonds include pers   | and other nego<br>conal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m e by signing or deliveri | oney orders.<br>ng them. |                  | -<br>Is |  |
| Non-public an LLC, par Ves. Givernment Negotiable Non-negotiable Non-negotiable Non-negotiable Surformat them  Retirement Examples:  No Yes. List  | rtnership, and we specific tion about mitity:  Int and corpor instruments in able instrume we specific tion about   | rate bonds include pers   | and other nego<br>conal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m e by signing or deliveri | oney orders.<br>ng them. |                  | -<br>ns |  |
| Non-public an LLC, par Ves. Givernmer Negotiable Non-negotiable Non-negotiathem  Setirement Examples:  No Yes. List account  | rtnership, and re specific tion about mitity:  Int and corpor instruments in able instrume re specific tion about  e:  or pension a Interests in I t each separately. | rate bonds and the same those rate those rate those rate those rate those rate those rate are those rate. | and other nego<br>sonal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m e by signing or deliveri | oney orders.<br>ng them. |                  | -<br>ns |  |
| Non-public an LLC, par Ves. Givernment Negotiable Non-negotiable Non-negotiable Non-negotiable Surformat them  Retirement Examples:  No Yes. List  | rtnership, and re specific tion about mitity:  Int and corpor instruments in able instrume re specific tion about  e:  or pension a Interests in I t each separately. | rate bonds include pers   | and other nego<br>sonal checks, ca<br>se you cannot to | otiable and non-ne<br>shiers' checks, pr<br>ansfer to someon | % of ownership:  egotiable instruments omissory notes, and m e by signing or deliveri | oney orders.<br>ng them. |                  | -       |  |

| Deb | tor 1           | Bradley             | Eugene                  | Fincannon                               | Case number (if known)                                     |
|-----|-----------------|---------------------|-------------------------|---|--|
|     |                 | First Name          | Middle Name             | Last Name                               |  |
| 20  | Ca avonito e da |                     |                         |   |  |
| 22. | -               | eposits and prepay  |                         | that you may continue convice o         | ruce from a company  |
|     |                 |                     |                         | that you may continue service o         | r use from a company<br>er), telecommunications companies, |
|     | or others       | Agreements with a   | andiorus, prepaid rent, | public utilities (electric, gas, water  | a), teleconfinulications companies,                        |
|     | <b>√</b> No     |                     |                         |   |  |
|     | ☐ Yes           |                     |                         |   |  |
|     |                 | Institution         | n name or individual:   |   |  |
|     | Electric:       |                     |                         |   |  |
|     | Liootiio.       |                     |                         |   | <del></del>  |
|     | Gas:            |                     |                         |   |  |
|     |                 |                     |                         |   |  |
|     | Heating oil:    |                     |                         |   |  |
|     | -               |                     |                         |   |  |
|     | Security de     | posit on rental uni | t:                      |   |  |
|     | ·               |                     |                         |   |  |
|     | Prepaid ren     | nt:                 |                         |   |  |
|     |                 |                     |                         |   |  |
|     | Telephone:      |                     |                         |   |  |
|     |                 |                     |                         |   |  |
|     | Water:          |                     |                         |   |  |
|     |                 |                     |                         |   |  |
|     | Rented furr     | niture:             |                         |   |  |
|     |                 |                     |                         |   |  |
|     | Other:          |                     |                         |   | <del></del>  |
| 23. | Annuities (     | A contract for a pe | eriodic payment of mor  | ney to you, either for life or for a no | umber of years)  |
|     | ✓ No            | •                   | , ,                     |   | ,  |
|     | Yes             |                     |                         |   |  |
|     |                 | e and description:  |                         |   |  |
|     |                 | ·                   |                         |   |  |
|     |                 |                     |                         |   | <del></del>  |
| 24. | Interests in    | n an education IRA  | λ. in an account in a α | ualified ABLE program, or under         | a qualified state tuition program.                         |
|     |                 |                     | (b), and 529(b)(1).     | . •                                     |  |
|     | <b>√</b> No     |                     |                         |   |  |
|     | ☐ Yes           |                     |                         |   |  |
|     | Institution n   | name and descripti  | on. Separately file the | records of any interests. 11 U.S.C      | C. § 521(c):   |
|     |                 |                     |                         |   |  |
|     |                 |                     |                         |   |  |
| 25. | Trusts, equ     |                     | terests in property (ot | her than anything listed in line 1      | ), and rights or powers exercisable for                    |
|     | <b>√</b> No     |                     |                         |   |  |
|     | Yes. Giv        | ve specific         |                         |   |  |
|     | informa         | tion about them     |                         |   |  |

| 28. Tax refunds owed to you    Ves. Give specific information about them, including whether you already filed the returns and the tax years   | First Name Midd   | die Name Last Name           | )   |  |   |
|---|---|------------------------------|---|--|---|
| Yes, Give specific information about them   | Examples: Internet domain names, w  |                              |   | ents   |   |
| Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses professional licenses    No   Yes. Give specific information about them                                  | ☐ Yes. Give specific  |                              |   |  |   |
| portion yc Do not de claims or  28. Tax refunds owed to you   | Examples: Building permits, exclusive professional licenses  1 No 1 Yes. Give specific            | -                            | ciation holdings, liquor licen              | nses,  |   |
| No  | Money or property owed to you?  |                              |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement    Value   | No Yes. Give specific information about them, including whether you already filed the returns and | ut                           |   | State:   |   |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else  1 No 1 Yes. Give specific information | Examples: Past due or lump sum alin   |                              | support, maintenance, divo                  | Alimony: Maintenance: Support: Divorce settlement: | nt  |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  Value No  Yes. Name the insurance company  Company name:  Repeticiany:  Surrender or                   | Examples: Unpaid wages, disability in Social Security benefits; u  ✓ No                           | inpaid loans you made to son | / benefits, sick pay, vacatio<br>neone else | n pay, workers' compensation,                      |   |
|   | Examples: Health, disability, or life ins  No  Yes. Name the insurance company                    | y Company name:              | unt (HSA); credit, homeown                  |  | Surrender or refund value:  |

**Bradley** 

Eugene

Fincannon

Case number (if known) -

|     | First Name  | Middle Name             | Last Name                |                                    |                         |  |
|-----|---|-------------------------|--------------------------|------------------------------------|-------------------------|--|
|     |   |                         |                          |                                    |                         |  |
| 32. | Any interest in property that is                                    | due you from somed      | one who has died         |                                    |                         |  |
|     | If you are the beneficiary of a living property because someone has |                         | eeds from a life insuran | ce policy, or are currently entire | tled to receive         |  |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | ☐ Yes. Give specific information                                    | n                       |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         |  |
| 33  | Claims against third parties, wh                                    | nether or not you hav   | ve filed a lawsuit or ma | de a demand for navment            |                         |  |
| 00. | Examples: Accidents, employm  |                         |                          |                                    |                         |  |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | ☐ Yes. Describe each claim  |                         |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         |  |
| 34  | Other contingent and unliquida                                      | ted claims of every r   | nature including count   | erclaims of the debtor and ric     | ahts                    |  |
| ·   | to set off claims   | iou olumb of overy .    | nataro, moraamig obam    |                                    | 90                      |  |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | Yes. Describe each claim  |                         |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         |  |
| 35. | Any financial assets you did no                                     | t already list          |                          |                                    |                         |  |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | Yes. Give specific information                                      | n                       |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         |  |
| 20  | Add the deller velve of all of ve                                   | autrica fuana Dant      | 4 implication and autoin | - for manage way being attached    | .1                      |  |
| 36. | Add the dollar value of all of yo for Part 4. Write that number he  |                         |                          |                                    |                         | \$6,074.82                             |
|     |   |                         |                          |                                    |                         |  |
| Par | t 5: Describe Any Business  | s-Related Propert       | ty You Own or Have       | an Interest In. List any           | real estate in Par      | t 1.                                   |
| 37. | Do you own or have any legal of                                     | or equitable interest i | in any business-related  | I property?                        |                         |  |
|     | ✓ No. Go to Part 6.   |                         |                          |                                    |                         |  |
|     | Yes. Go to line 38.   |                         |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         | Current value of the                   |
|     |   |                         |                          |                                    |                         | portion you own? Do not deduct secured |
|     |   |                         |                          |                                    |                         | claims or exemptions.                  |
| 38. | Accounts receivable or commis                                       | ssions you already e    | earned                   |                                    |                         |  |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | ☐ Yes. Describe   |                         |                          |                                    |                         |  |
| 39. | Office equipment, furnishings,                                      | and supplies            |                          |                                    |                         |  |
|     | Examples: Business-related co                                       |                         | nodems, printers, copier | s, fax machines, rugs, telepho     | ones, desks, chairs, el | ectronic devices                       |
|     | <b>☑</b> No   |                         |                          |                                    |                         |  |
|     | Yes. Describe   |                         |                          |                                    |                         |  |
|     |   |                         |                          |                                    |                         |  |

Bradley

Eugene

Fincannon

Case number (if known) \_

|      | First Name Middle Name Last Name   |  |
|------|--|--|
| 40.  | Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  |  |
|      | ✓ No ☐ Yes. Describe   |  |
|      | Tes. Describe  |  |
| 41.  | Inventory  |  |
|      | ✓ No ☐ Yes. Describe   |  |
| 42.  | Interests in partnerships or joint ventures  |  |
|      | ✓ No ☐ Yes. Describe   |  |
|      | Name of entity: % of ownership:  |  |
|      | %  |  |
| 43.  | Customer lists, mailing lists, or other compilations  ✓ No   |  |
|      | Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                         |  |
|      | <b>☑</b> No  |  |
|      | Yes. Describe  |  |
|      |  |  |
| 44.  | Any business-related property you did not already list   |  |
|      | <b>☑</b> No  |  |
|      | ☐ Yes. Give specific information   |  |
|      |  |  |
|      |  |  |
| 45.  | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached                   |  |
|      | for Part 5. Write that number here→  | \$0.00   |
| Dar  | t 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.                              |  |
| ı aı | If you own or have an interest in farmland, list it in Part 1.   |  |
| 46.  | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  ✓ No. Go to Part 7. |  |
|      | Yes. Go to line 47.  |  |
|      |  | Current value of the   |
|      |  | portion you own? Do not deduct secured claims or exemptions. |
| 47.  | Farm animals   |  |
|      | Examples: Livestock, poultry, farm-raised fish   |  |
|      | ☑ No   |  |
|      | ☐ <sub>Yes</sub>   |  |
|      |  |  |

Bradley

Eugene

Fincannon

Case number (if known) \_

|   | First Name  | Middle Name                               | Last Name  |             |
|---|---|---|--|-------------|
| 48.   | Crops—either growing or ha  | arvested                                  |  |             |
|   | ✓ No  |   |  |             |
|   | Yes. Give specific information  |   |  |             |
| 49.   | Farm and fishing equipment  | , implements, machinery,                  | , fixtures, and tools of trade                     |             |
|   | <b>☑</b> No   |   |  |             |
|   | Yes   |   |  |             |
| 50.   | Farm and fishing supplies, c  | hemicals, and feed                        |  |             |
|   | <b>☑</b> No   |   |  |             |
|   | Yes   |   |  |             |
| 51.   | Any farm- and commercial fi   | shing-related property yo                 | ou did not already list                            |             |
|   | <b>☑</b> No   |   |  |             |
|   | Yes. Give specific information  |   |  |             |
|   |   |   |  |             |
| 52.   |   | •   | including any entries for pages you have attached→ | \$0.00      |
|   |   |   |  |             |
| Par   | t 7: Describe All Propert   | y You Own or Have a                       | n Interest in That You Did Not List Above          |             |
| 53.   | Do you have other property  | of any kind you did not al                | Iready list?                                       |             |
|   | Examples: Season tickets, c   | ountry club membership                    |  |             |
|   | ✓ No ☐ Yes. Give specific   |   |  | <b></b>     |
|   | information   |   |  |             |
|   |   |   |  |             |
|   |   |   |  |             |
| 54.   | Add the dollar value of all of  | your entries from Part 7.                 | Write that number here→                            | \$0.00      |
|   |   |   |  |             |
|   |   |   |  |             |
| Par   | t 8: List the Totals of Ea  | ach Part of this Form                     |  |             |
|   |   |   | →  | \$88,756.00 |
|   |   |   | <b>\$91,658.00</b>                                 | \$88,756.00 |
| 55.   | Part 1: Total real estate, line   | 2   |  | \$88,756.00 |
| 55.<br>56.<br>57.   | Part 1: Total real estate, line 2  Part 2: Total vehicles, line 5  Part 3: Total personal and ho                                  | 2<br>Dusehold items, line 15              | \$91,658.00<br>\$3,300.00                          | \$88,756.00 |
| <ul><li>55.</li><li>56.</li><li>57.</li><li>58.</li></ul> | Part 1: Total real estate, line 2  Part 2: Total vehicles, line 5  Part 3: Total personal and ho  Part 4: Total financial assets, | 2<br>ousehold items, line 15<br>, line 36 | \$91,658.00<br>\$3,300.00<br>\$6,074.82            | \$88,756.00 |
| 55.<br>56.<br>57.   | Part 1: Total real estate, line 2  Part 2: Total vehicles, line 5  Part 3: Total personal and ho                                  | 2<br>ousehold items, line 15<br>, line 36 | \$91,658.00<br>\$3,300.00                          | \$88,756.00 |

**Bradley** 

Eugene

Fincannon

Case number (if known) -

Debtor 1 Bradley Fincannon Eugene Case number (if known) \_ First Name Middle Name Last Name Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61..... \$101,032.82 Copy personal property total→ \$101,032.82 \$189,788.82 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

| Fill in this informatio                 | n to identify your case: |             |                           |  |                                    |
|---|--------------------------|-------------|---------------------------|--|------------------------------------|
| Debtor 1                                | Bradley                  | Eugene      | Fincannon                 |  |                                    |
|   | First Name               | Middle Name | Last Name                 |  |                                    |
| Debtor 2                                |                          |             |                           |  |                                    |
| (Spouse, if filing)                     | First Name               | Middle Name | Last Name                 |  |                                    |
| United States Bankruptcy Court for the: |                          | N           | orthern District of Texas |  |                                    |
| Case number<br>(if known)               |                          |             |                           |  | Check if this is an amended filing |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt   |  |   |                                    |  |  |
|---|--|---|------------------------------------|--|--|
| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  1. □ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |   |                                    |  |  |
| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption |  |  |
| Brief description:  2018 Harley Davidson Street Glide  Line from Schedule A/B: 3.3  | \$18,811.00  | \$0.00  100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(2)              |  |  |
| Brief description:  2019 Kawasaki KLX110  Line from Schedule A/B: 3.4   | \$1,000.00   | \$1,000.00  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |  |  |
| 3. Are you claiming a homestead exemption of more than \$189,050?  (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)  ✓ No  ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ☐ No  ☐ Yes   |  |   |                                    |  |  |

| Debtor | 1 |
|--------|---|
|--------|---|

 Bradley
 Eugene
 Fincannon
 Case number (if known)

 First Name
 Middle Name
 Last Name

| Part 2: | Additional | Page |
|---------|------------|------|

| Brief description of the property and line on Schedule A/B that lists this property                        | Current value of the Amount of the exemption you claim portion you own |  | Specific laws that allow exemption            |
|--|--|--|---|
|  | Copy the value from<br>Schedule A/B                                    | Check only one box for each exemption.                               |   |
| Brief description:   |  | <b>⊴</b> \$0.00  | 44 LLC C S E22/d\/E\                          |
| 2018 Chevrolet 1500  | \$25,000.00  |  | 11 U.S.C. § 522(d)(5)                         |
| Line from Schedule A/B: 3.7  |  | ☐ 100% of fair market value, up<br>to any applicable statutory limit |   |
| Brief description:   |  |  |   |
| Refrigerator, washer/dryer, living room furniture, bedroom furniture, kitchen wares, dining room furniture | \$1,600.00   | 100% of fair market value, up to any applicable statutory limit      | 11 U.S.C. § 522(d)(3)                         |
| Line from Schedule A/B: 6  |  |  |   |
| Brief description:   |  |  | 44 LLC C S F00/d\/0\/Claimad                  |
| Computer, printers, tvs and components   | \$1,000.00   | 100% of fair market value up   | 11 U.S.C. § 522(d)(3)(Claimed:<br>\$1,000.00) |
| Line from Schedule A/B: 7  |  | ■ 100% of fair market value, up to any applicable statutory limit    |   |
| Brief description:   |  | <b>□X</b>  |   |
| Misc. wearing apparel  | \$500.00   | \$500.00   | 11 U.S.C. § 522(d)(3)                         |
| Line from Schedule A/B: 11   |  | ☐ 100% of fair market value, up<br>to any applicable statutory limit |   |
| Brief description:   |  | <b>-</b>   |   |
| Misc. gold & silver jewelry  | \$200.00   | \$200.00   | 11 U.S.C. § 522(d)(4)                         |
| Line from Schedule A/B: 12   |  | ☐ 100% of fair market value, up<br>to any applicable statutory limit |   |
| Brief description:   |  | <b>-</b>   |   |
| First Convenience Bank   | \$500.00   | \$500.00   | 11 U.S.C. § 522(d)(5)                         |
| Checking account  Line from  |  | ☐ 100% of fair market value, up<br>to any applicable statutory limit |   |
| Schedule A/B: 17   |  |  |   |
| Brief description:   |  | <b>☑</b> \$1,000,00  | 14 LL C C S E22/d\/E\                         |
| Abilene Federal Credit Union   | \$1,000.00   | <u> </u>   | 11 U.S.C. § 522(d)(5)                         |
| Checking account   |  | ■ 100% of fair market value, up to any applicable statutory limit    |   |
| Line from Schedule A/B: 17   |  |  |   |
| Brief description:   |  | <b>√</b> \$400.00  | 11 I I C C & 522(d)/5\                        |
| Abilene Federal Credit Union   | \$400.00   | <u> </u>   | 11 U.S.C. § 522(d)(5)                         |
| Savings account  |  | ■ 100% of fair market value, up to any applicable statutory limit    |   |
| Line from Schedule A/B: 17   |  |  |   |

| Debtor 1 | Bradley | Eugene | Fincannon | Case number (if known). |
|----------|---------|--------|-----------|-------------------------|
|          |         |        |           |                         |

Last Name

Middle Name

First Name

Part 2: Additional Page Brief description of the property and line on Amount of the exemption you claim Specific laws that allow exemption Current value of the Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Brief description:  $\sqrt{}$ \$180.70 11 U.S.C. § 522(d)(5) \$180.70 Harley Davidson - 5 shares at \$36.14/share ☐ 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: Brief description: 11 U.S.C. § 522(d)(5) \$756.16 \$756.16 OXY-WESTERN - 16 Shares at \$47.26/share 100% of fair market value, up to any applicable statutory limit Line from 18 Schedule A/B: Brief description: \$12.68 11 U.S.C. § 522(d)(5) SIRI - 2 shares at \$6.34/share \$12.68 ☐ 100% of fair market value, up to any applicable statutory limit Line from 18 Schedule A/B: Brief description: \$3,225.28 11 U.S.C. § 522(d)(12) 401k \$3,225.28 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 21

| Fill in this information                | n to identify your case  | e:                  |  |          |   |   |                                   |
|---|--|---------------------|--|----------|---|---|-----------------------------------|
| Debtor 1                                | Bradley  | Eugene              | Fincannon  |          |   |   |                                   |
| Debtor 2                                | First Name   | Middle Name         | Last Name  |          |   |   |                                   |
| (Spouse, if filing)                     | First Name   | Middle Name         | Last Name  |          |   |   |                                   |
| United States Bank                      | ruptcy Court for the:  | N                   | Iorthern District of Texas   |          |   |   |                                   |
| Case number<br>(if known)               |  |                     |  |          |   | Check if amended                                      |                                   |
| Official Form                           | 106D   |                     |  |          |   |   |                                   |
| Schedule I                              | D: Credito   | rs Who H            | ave Claims Sec   | ure      | d by Prope  | erty  | 12/15                             |
| ☐ No. Check this  ✓ Yes. Fill in all of | ave claims secured I<br>box and submit this for<br>the information below<br>secured Claims | orm to the court wi | ith your other schedules. You hav  | e nothin | g else to report on th  | is form.  |                                   |
| separately for ea                       | ach claim. If more tha   | n one creditor has  | secured claim, list the creditor<br>a particular claim, list the other<br>in alphabetical order according to | the      | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 AMARILLO NA                         | TIONAL BANK  | Describe t          | he property that secures the clai  | im:      | \$3,328.00  | \$3,328.00  | \$0.00                            |
| AMARILLO, TX                            | reet   | As of the d         | closed 16' Trailer  ate you file, the claim is: Check all t  | that     |   |   |                                   |
| Debtor 1 only                           |  | Unliquid            | dated  |          |   |   |                                   |
| Debtor 2 only                           | ,  | Dispute             | ed   |          |   |   |                                   |
| Debtor 1 and                            | •  | Nature of I         | ien. Check all that apply.   |          |   |   |                                   |
| At least one of another                 | of the debtors and   |                     | eement you made (such as mortgared car loan)   | age      |   |   |                                   |
| ☐ Check if this                         | claim relates to a   | Statuto             | ry lien (such as tax lien, mechanic  | c's      |   |   |                                   |

community debt

Date debt was incurred

7/19/2019

lien)

Add the dollar value of your entries in Column A on this page. Write that number here:

 $\square$  Judgment lien from a lawsuit

 $\Box$ Other (including a right to offset)

Last 4 digits of account number 0 7 1 9

\$3,328.00

First Name Middle Name Last Name Column A Column B Column C Additional Page Amount of claim Value of Unsecured Part 1: After listing any entries on this page, number them beginning with collateral that portion Do not deduct the 2.3, followed by 2.4, and so forth. value of supports this If any claim collateral. CHRYSLER CAPITAL \$30.693.00 \$30.693.00 \$0.00 Describe the property that secures the claim: Creditor's Name 2018 Jeep Renegade PO BOX 961275 Debtor will Surrender his interest Number Street As of the date you file, the claim is: Check all that FORT WORTH, TX 76161 apply. Citv State ZIP Code ☐ Contingent Who owes the debt? Check one. Debtor 1 only Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. ☑ At least one of the debtors and An agreement you made (such as mortgage another or secured car loan) Check if this claim relates to a Statutory lien (such as tax lien, mechanic's community debt lien) ☐ Judgment lien from a lawsuit Date debt was incurred 3/1/2019 Other (including a right to offset) Last 4 digits of account number 1 0 0 0 CREDIT ACCEPTANCE CORP \$5,418.00 \$5,418.00 \$0.00 Describe the property that secures the claim: Creditor's Name 2011 BMW X5 PO BOX 513 Number Street As of the date you file, the claim is: Check all that SOUTHFIELD, MI 48037 apply. ZIP Code State □ Contingent Who owes the debt? Check one. Debtor 1 only Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. At least one of the debtors and An agreement you made (such as mortgage another or secured car loan) ☐ Check if this claim relates to a ☐ Statutory lien (such as tax lien, mechanic's community debt lien) ☐ Judgment lien from a lawsuit Date debt was incurred 4/10/2019 Other (including a right to offset) Last 4 digits of account number 8 2 7 1 Add the dollar value of your entries in Column A on this page. Write that number here: \$36,111.00

**Fincannon** 

Case number (if known),

Debtor 1

**Bradley** 

Eugene

Debtor 1 Eugene **Fincannon** Case number (if known) **Bradley** First Name Middle Name Last Name Column A Column B Column C Additional Page Amount of claim Unsecured Value of Part 1: After listing any entries on this page, number them beginning with collateral that portion Do not deduct the 2.3, followed by 2.4, and so forth. value of supports this If any claim collateral. **Darrell Fincannon** \$25.000.00 \$25.000.00 \$0.00 Describe the property that secures the claim: Creditor's Name 2018 Chevrolet 1500 3194 Chimney Rock Cr Number Street As of the date you file, the claim is: Check all that Abilene, TX 79606 apply. State ZIP Code City □ Contingent Who owes the debt? Check one. **✓** Debtor 1 only Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. At least one of the debtors and An agreement you made (such as mortgage another or secured car loan) Check if this claim relates to a Statutory lien (such as tax lien, mechanic's community debt lien) ☐ Judgment lien from a lawsuit Date debt was incurred ☐ Other (including a right to offset) Last 4 digits of account number \_\_\_ \_\_ \_\_ FREEDOM ROAD FINANCIAL Describe the property that secures the claim: \$18,811.00 \$18,811.00 \$0.00 Creditor's Name 2018 Harley Davidson Street Glide 10509 PROFESSIONAL CIR S Number Street As of the date you file, the claim is: Check all that RENO, NV 89521 apply. State ZIP Code City Contingent Who owes the debt? Check one. Debtor 1 only Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. ☑ At least one of the debtors and ☐ An agreement you made (such as mortgage another or secured car loan) Check if this claim relates to a ☐ Statutory lien (such as tax lien, mechanic's community debt ☐ Judgment lien from a lawsuit Date debt was incurred 6/19/2020 Other (including a right to offset)

Last 4 digits of account number 4 B 0 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$43,811.00

Debtor 1 Eugene **Fincannon** Case number (if known), **Bradley** First Name Middle Name Last Name Column A Column B Column C Additional Page Amount of claim Unsecured Value of Part 1: After listing any entries on this page, number them beginning with collateral that portion Do not deduct the 2.3, followed by 2.4, and so forth. value of supports this If any claim collateral. **GREIG AUTOMOTIVE** \$7.408.00 \$7.408.00 \$0.00 Describe the property that secures the claim: Creditor's Name 2014 Open Range 5th Wheel Camper 9502 CAMP BOWIE WEST BLVD Number Street As of the date you file, the claim is: Check all that FORT WORTH, TX 76116 apply. State ZIP Code □ Contingent Who owes the debt? Check one. Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. ☑ At least one of the debtors and An agreement you made (such as mortgage another or secured car loan) Check if this claim relates to a Statutory lien (such as tax lien, mechanic's community debt lien) ☐ Judgment lien from a lawsuit Date debt was incurred 9/4/2018 ☐ Other (including a right to offset) Last 4 digits of account number 4 B 0 1 ROCKET MORTGAGE, LLC \$88,756.00 \$88,756.00 \$0.00 Describe the property that secures the claim: Creditor's Name 607 Highland Drive Tucumari, NM 85401 1050 WOODWARD AVE Number Street As of the date you file, the claim is: Check all that DETROIT, MI 48226 apply. ZIP Code □ Contingent Who owes the debt? Check one. Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Nature of lien. Check all that apply. At least one of the debtors and ☑ An agreement you made (such as mortgage) another or secured car loan) ☐ Check if this claim relates to a ☐ Statutory lien (such as tax lien, mechanic's community debt ☐ Judgment lien from a lawsuit Date debt was incurred 6/27/2014 Other (including a right to offset) Last 4 digits of account number 9 5 2 3 Add the dollar value of your entries in Column A on this page. Write that number here: \$96,164.00

here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number

\$179,414,00

| Fill in this information  | n to identify your ca   | se:  |   |   |   |  |
|---|---|--|---|---|---|--|
| Debtor 1  | Bradley   | Eugene   | Fincannon   |   |   |  |
| Debtor 2  | First Name  | Middle Name  | Last Name   |   |   |  |
| (Spouse, if filing)   | First Name  | Middle Name  | Last Name   |   |   |  |
| United States Bank  | ruptcy Court for the  | : <u>N</u>   | orthern District of Te  | exas  |   |  |
| Case number (if known)  |   |  |   |   |   | Check if this is an amended filing   |
| Official Form   | 106E/F  |  |   |   |   |  |
| Schedule  | E/F: Credi  | tors Who   | Have Unse   | ecured Claims   |   | 12/1   |
| party to any executor<br>106A/B) and on <i>Sche</i><br>are listed in <i>Schedul</i> e | ry contracts or une<br>edule G: Executory<br>e D: Creditors Who | xpired leases that c<br>Contracts and Unex<br>Hold Claims Secure | ould result in a claim<br>opired Leases (Officia<br>ed by Property. If mo | Y claims and Part 2 for creditors<br>a. Also list executory contracts o<br>al Form 106G). Do not include an<br>are space is needed, copy the Pa<br>any additional pages, write your r | on Schedule A/B:<br>ny creditors with<br>rt you need, fill in | Property (Official Form partially secured claims the tout, number the entries in |
| Part 1: List All o  | of Your PRIORIT   | Y Unsecured Cla  | ims   |   |   |  |
| 1 Do any graditor   | o have priority upo   | soured alaims again  | act vou?  |   |   |  |

| Do any creditors have priority unsecured claims again       No. Go to Part 2.     Yes.  | inst you?  |                           |                  |                    |
|---|--|---------------------------|------------------|--------------------|
| claim listed, identify what type of claim it is. If a claim h<br>amounts. As much as possible, list the claims in alphab  | has more than one priority unsecured claim, list the crecinal both priority and nonpriority amounts, list that claim has both priority and nonpriority amounts, list that claim has betical order according to the creditor's name. If you have be creditor holds a particular claim, list the other creditors ructions for this form in the instruction booklet.) | ere and sh<br>e more thai | now both priorit | y and nonpriority  |
|   |  | Total claim               | Priority amount  | Nonpriority amount |
| Priority Creditor's Name  Number Street   | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that   |                           |                  |                    |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only   | apply. ☐ Contingent ☐ Unliquidated ☐ Disputed  |                           |                  |                    |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Type of PRIORITY unsecured claim:  ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or person injury while you were intoxicated ☐ Other. Specify   |                           |                  |                    |

| Debtor       | 1 Bradley                                   | Eugene                  | Fincannon                       | Case number (if known)   |
|--------------|---|-------------------------|---------------------------------|--|
|              | First Name                                  | Middle Name             | Last Name                       | , ,  |
| Part 2       | 2: List All of Your NONF                    | PRIORITY Unsecur        | red Claims                      |  |
| T dit 2      | List Air or Tour North                      | RIGRITT GIISCCA         | ca olalina                      |  |
| 3. Do        | o any creditors have nonpri                 | ority unsecured claim   | s against you?                  |  |
|              | No. You have nothing to re                  | port in this part. Subm | nit this form to the court with | your other schedules.  |
| $\checkmark$ | Yes.  |                         |                                 |  |
| un           | secured claim, list the credit              | or separately for each  | claim. For each claim listed,   | reditor who holds each claim. If a creditor has more than one nonpriority, identify what type of claim it is. Do not list claims already included in Part t 3. If you have more than three nonpriority unsecured claims fill out the |
|              | ontinuation Page of Part 2.                 |                         |                                 | ,  |
|              |   |                         |                                 | Total claim  |
| 4.1          | CONN APPLIANCES INC                         |                         | l ast 4 digits                  | of account number _1470\$4,862.00  |
|              | Nonpriority Creditor's Name                 |                         |                                 | ne debt incurred? 03/19/2017   |
|              | 1401 RANKIN RD STE 300                      |                         |                                 | te you file, the claim is: Check all that apply.   |
| ī            | Number Street                               |                         | Continge                        |  |
| -            | HOUSTON, TX 77073                           |                         | Unliquida                       |  |
|              | City  | State ZIP Code          | ☐ Disputed                      |  |
|              | Who incurred the debt? Che                  | eck one.                | •                               |  |
|              | Debtor 1 only                               |                         | Type of NON  Student I          | IPRIORITY unsecured claim:   |
|              | Debtor 2 only                               |                         |                                 |  |
|              | Debtor 1 and Debtor 2 of                    | •                       |                                 | ons arising out of a separation agreement or<br>that you did not report as priority claims   |
|              | At least one of the debto                   | rs and another          |                                 | pension or profit-sharing plans, and other   |
|              | Check if this claim is for                  | r a community debt      | similar de                      |  |
|              | Is the claim subject to offset              | t?                      | Other. Sp                       | pecify   |
|              | <b>☑</b> No                                 |                         |                                 |  |
|              | Yes   |                         |                                 |  |
| 4.1          | AARGON COLLECTION A                         | GEN                     | Last 4 digits                   | of account number 0478 \$321.00  |
|              | Nonpriority Creditor's Name                 |                         |                                 | ne debt incurred? 12/22/2021   |
|              | 8668 SPRING MOUNTAIN I                      | RD                      |                                 | te you file, the claim is: Check all that apply.   |
| ī            | Number Street                               |                         | ☐ Continge                      |  |
| -            | LAS VEGAS, NV 89117                         |                         | Unliquida                       |  |
|              | City  | State ZIP Code          | ☐ Disputed                      |  |
|              | Who incurred the debt? Che                  | eck one.                |                                 |  |
|              | Debtor 1 only                               |                         | Type of NON  Student I          | IPRIORITY unsecured claim:   |
|              | Debtor 2 only                               |                         |                                 |  |
|              | Debtor 1 and Debtor 2 o                     | ,                       | divorce t                       | ons arising out of a separation agreement or<br>that you did not report as priority claims   |
|              | At least one of the debto                   |                         |                                 | pension or profit-sharing plans, and other   |
|              | Check if this claim is for                  | •                       | similar de                      |  |
|              | Is the claim subject to offset              | 1?                      | ✓ Other. Sp                     |  |
|              | <b>☑</b> No                                 |                         | Collection                      | onAttorney   |
|              | ☐ Yes                                       |                         |                                 |  |
| 4.2          | AFFIRM INC                                  |                         | Last 4 digits                   | of account number 29XX unknown   |
| ı            | Nonpriority Creditor's Name                 |                         | When was th                     | ne debt incurred? 05/09/2019   |
| -            | 650 CALIFORNIA ST FL 12                     |                         | As of the dat                   | te you file, the claim is: Check all that apply.   |
|              | Number Street                               |                         | ☐ Continge                      |  |
| -            | SAN FRANCISCO, CA 9410<br>City              | 08<br>State ZIP Code    | Unliquida                       |  |
|              | •   |                         | ☐ Disputed                      |  |
|              | Who incurred the debt? Che  ☑ Debtor 1 only | TON UNE.                | '                               | IPRIORITY unsecured claim:   |
| · ·          | Debtor 2 only                               |                         | Student I                       |  |
|              | Debtor 1 and Debtor 2 or                    | nlv                     |                                 | ons arising out of a separation agreement or   |
|              | _   | •                       | divorce t                       | hat you did not report as priority claims  |
|              | At least one of the debto                   |                         | ☐ Debts to                      | pension or profit-sharing plans, and other   |
|              | ☐ Check if this claim is for                | · ·                     | similar de                      |  |
|              | ls the claim subject to offse<br>☑ No       | I.f                     | ☑ Other. Sp<br>Unsecur          |  |
|              | ¥ NO<br>□ Vac                               |                         | Olisecui                        | ou .   |

First Name Middle Name Last Name

| Part | 2: Your NONPRIORITY Unsecured Claims - Cor   | ntinuation Page  |                 |
|------|--|--|-----------------|
| Afte | r listing any entries on this page, number them beginning  | g with 4.5, followed by 4.6, and so forth.   | Total claim     |
| 4.3  | AFNI, INC. Nonpriority Creditor's Name   | Last 4 digits of account number 3860  When was the debt incurred? 02/03/2022   | \$282.00        |
|      | PO BOX 3097  Number Street  BLOOMINGTON, IL 61702  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?   | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  |                 |
| 4.5  | No Yes  BANK OF AMERICA  Nonpriority Creditor's Name   | CollectionAttorney  Last 4 digits of account number 6619  When was the debt incurred? 06/30/2015   | <u>\$654.00</u> |
|      | PO BOX 982238  Number Street  EL PASO, TX 79998  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No □ Yes  | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard   | 4000.00         |
| 4.6  | CAPITAL ACCOUNTS LLC  Nonpriority Creditor's Name  PO BOX 140065  Number Street  NASHVILLE, TN 37214  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No □ Yes | When was the debt incurred? 08/15/2018  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CollectionAttorney | \$333.00        |

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.   | Total claim       |
|-------|---|--|-------------------|
| 4.7   | CCB INC   | Last 4 digits of account number 0616   | \$150.00          |
| _     | Nonpriority Creditor's Name                             | When was the debt incurred? 02/05/2018   |                   |
|       | 5300 6TH STREET FRONTAGE                                | As of the date you file, the claim is: Check all that apply.   |                   |
|       | Number Street   | Contingent   |                   |
|       | SPRINGFIELD, IL 62703 City State ZIP Code               | Unliquidated   |                   |
|       | Who incurred the debt? Check one.                       | ☐ Disputed   |                   |
|       | ✓ Debtor 1 only   |  |                   |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |                   |
|       | Debtor 1 and Debtor 2 only                              | Student loans     Obligations arising out of a separation agreement or                                     |                   |
|       | _   | Obligations arising out of a separation agreement or<br>divorce that you did not report as priority claims |                   |
|       | At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other  |                   |
|       | ☐ Check if this claim is for a community debt           | similar debts  |                   |
|       | Is the claim subject to offset?                         | ☑ Other. Specify   |                   |
|       | ☑ No  | CollectionAttorney   |                   |
|       | Yes   |  |                   |
| 4.9   | COLLECTION BUREAU FA                                    | Last 4 digits of account number 6748   | <u>\$126.00</u>   |
|       | Nonpriority Creditor's Name                             | When was the debt incurred? 03/29/2018   |                   |
|       | 509 EAST 20TH ST. Number Street                         | As of the date you file, the claim is: Check all that apply.   |                   |
|       | FARMINGTON, NM 87401                                    | ☐ Contingent   |                   |
|       | City State ZIP Code                                     | Unliquidated   |                   |
|       | Who incurred the debt? Check one.                       | ☐ Disputed   |                   |
|       | ☑ Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |                   |
|       | Debtor 2 only   | Student loans  |                   |
|       | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or   |                   |
|       | ☐ At least one of the debtors and another               | divorce that you did not report as priority claims   |                   |
|       | ☐ Check if this claim is for a community debt           | Debts to pension or profit-sharing plans, and other  |                   |
|       | Is the claim subject to offset?                         | similar debts  1 Other Specify   |                   |
|       | ✓ No  | ☑ Other. Specify   |                   |
|       | ☐ Yes   |  |                   |
| _     |   |  | \$367.00          |
| 4.10  | COLLECTION RESOURCES I Nonpriority Creditor's Name      | Last 4 digits of account number 3236   | <del>307.00</del> |
|       | 650 E MONTANA AVE STE J                                 | When was the debt incurred? 03/22/2018   |                   |
|       | Number Street   | As of the date you file, the claim is: Check all that apply.   |                   |
|       | LAS CRUCES, NM 88001                                    | Contingent   |                   |
|       | City State ZIP Code                                     | Unliquidated   |                   |
|       | Who incurred the debt? Check one.                       | ☐ Disputed   |                   |
|       | Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |                   |
|       | ☐ Debtor 2 only   | Student loans  |                   |
|       | ☐ Debtor 1 and Debtor 2 only                            | Obligations arising out of a separation agreement or   |                   |
|       | ☐ At least one of the debtors and another               | divorce that you did not report as priority claims   |                   |
|       | ☐ Check if this claim is for a community debt           | <ul> <li>Debts to pension or profit-sharing plans, and other<br/>similar debts</li> </ul>                  |                   |
|       | Is the claim subject to offset?                         | other. Specify   |                   |
|       | ☑ No  | CollectionAttorney   |                   |
|       | ☐ Yes   | •  |                   |

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them beginning | g with 4.5, followed by 4.6, and so forth.  | Total claim |
|-------|---|---|-------------|
| 4.11  | COLLECTION RESOURCES I                                  | Last 4 digits of account number 3351  | \$279.00    |
|       | Nonpriority Creditor's Name                             | When was the debt incurred? 06/27/2019  |             |
|       | 650 E MONTANA AVE STE J                                 | As of the date you file, the claim is: Check all that apply.  |             |
|       | Number Street   | Contingent  |             |
|       | City State ZIP Code                                     | Unliquidated  |             |
|       | Who incurred the debt? Check one.                       | ☐ Disputed  |             |
|       | ✓ Debtor 1 only   |   |             |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  Student loans   |             |
|       | Debtor 1 and Debtor 2 only                              |   |             |
|       |   | <ul> <li>Obligations arising out of a separation agreement or<br/>divorce that you did not report as priority claims</li> </ul> |             |
|       | At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other   |             |
|       | ☐ Check if this claim is for a community debt           | similar debts   |             |
|       | Is the claim subject to offset?                         | Other. Specify  |             |
|       | ☑ No  | CollectionAttorney  |             |
|       | Yes   |   |             |
| 4.12  | COLLECTION RESOURCES I                                  | Last 4 digits of account number 9757  | \$240.00    |
|       | Nonpriority Creditor's Name                             | When was the debt incurred? 06/13/2017  |             |
|       | 650 E MONTANA AVE STE J                                 | As of the date you file, the claim is: Check all that apply.  |             |
|       | Number Street  LAS CRUCES, NM 88001                     | ☐ Contingent  |             |
|       | City State ZIP Code                                     | Unliquidated  |             |
|       | Who incurred the debt? Check one.                       | ☐ Disputed  |             |
|       | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|       | Debtor 2 only   | Student loans   |             |
|       | ☐ Debtor 1 and Debtor 2 only                            | <ul> <li>Obligations arising out of a separation agreement or</li> </ul>  |             |
|       | ☐ At least one of the debtors and another               | divorce that you did not report as priority claims  |             |
|       |   | ☐ Debts to pension or profit-sharing plans, and other   |             |
|       | ☐ Check if this claim is for a community debt           | similar debts   |             |
|       | Is the claim subject to offset?  ✓ No                   | Other. Specify  |             |
|       | <u> </u>  | CollectionAttorney  |             |
|       | Yes   |   | •           |
| 4.13  | CREDENCE RESOURCE MANA                                  | Last 4 digits of account number 9345  | \$3,943.00  |
|       | Nonpriority Creditor's Name                             | When was the debt incurred? 03/10/2022  |             |
|       | 17000 DALLAS PKWY STE 20<br>Number Street               | As of the date you file, the claim is: Check all that apply.  |             |
|       | DALLAS, TX 75248  | ☐ Contingent  |             |
|       | City State ZIP Code                                     | Unliquidated  |             |
|       | Who incurred the debt? Check one.                       | ☐ Disputed  |             |
|       | ☑ Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|       | Debtor 2 only   | ☐ Student loans   |             |
|       | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or  |             |
|       | ☐ At least one of the debtors and another               | divorce that you did not report as priority claims  |             |
|       | ☐ Check if this claim is for a community debt           | Debts to pension or profit-sharing plans, and other   |             |
|       | Is the claim subject to offset?                         | similar debts   |             |
|       | ✓ No  | Other. Specify CollectionAttorney   |             |
|       | _   | CollectionAttorney  |             |
|       | ☐ Yes   |   |             |

First Name Middle Name Last Name

| Part | 2: Your NONPRIORITY Unsecured Claims - Cont   | inuation Page   |                   |
|------|---|---|-------------------|
| Afte | listing any entries on this page, number them beginning   | with 4.5, followed by 4.6, and so forth.  | Total claim       |
| 4.15 | CREDIT COLLECTION SERV  Nonpriority Creditor's Name  725 CANTON ST  Number Street  NORWOOD, MA 02062  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?                      | Last 4 digits of account number 9180  When was the debt incurred? 09/21/2019  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ☑ Other. Specify CollectionAttorney | <u>\$396.00</u>   |
| 4.16 | DISCOVER BANK Nonpriority Creditor's Name PO BOX 30939 Number Street SALT LAKE CITY, UT 84130 City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes | Last 4 digits of account number 0036  When was the debt incurred? 04/03/2015  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify CreditCard         | <u>\$1,087.00</u> |
| 4.17 | ESB/HARLEY DAVIDSON CR  Nonpriority Creditor's Name  PO BOX 21829  Number Street  CARSON CITY, NV 89721  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes          | Last 4 digits of account number 6985  When was the debt incurred? 05/19/2018  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  ☑ Other. Specify AutoLoan           | \$2,009.00        |

Debtor 1 Bradley Eugene Fincannon Case number (if known) \_\_\_\_\_\_

First Name Middle Name Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page

| Fortiva                                       | Last 4 digits of account number   | \$     |
|---|---|--------|
| Nonpriority Creditor's Name                   | Last 4 digits of account number   |        |
| 5 Concourse Parkway                           | When was the debt incurred?   |        |
| Number Street                                 | As of the date you file, the claim is: Check all that apply.                              |        |
| Atlanta, GA 30328                             | Contingent  |        |
| City State ZIP Code                           | ☐ Unliquidated  |        |
| Who incurred the debt? Check one.             | ☐ Disputed  |        |
| Debtor 1 only                                 | Type of NONPRIORITY unsecured claim:  |        |
| ☐ Debtor 2 only                               | ☐ Student loans   |        |
| Debtor 1 and Debtor 2 only                    | Obligations arising out of a separation agreement or                                      |        |
| At least one of the debtors and another       | divorce that you did not report as priority claims  |        |
| ☐ Check if this claim is for a community debt | <ul> <li>Debts to pension or profit-sharing plans, and other<br/>similar debts</li> </ul> |        |
| ls the claim subject to offset?<br>☑ No       | Other. Specify  |        |
| ☐ Yes  Jamie Fincannon                        |   | unkn   |
| Nonpriority Creditor's Name                   | Last 4 digits of account number   |        |
| 36 Vegas Rd                                   | When was the debt incurred?   |        |
| Number Street                                 | As of the date you file, the claim is: Check all that apply.                              |        |
| Los Lunas, NM 87031-5744                      | Contingent  |        |
| City State ZIP Code                           | Unliquidated  |        |
| Who incurred the debt? Check one.             | ☐ Disputed  |        |
| ☑ Debtor 1 only                               | Type of NONPRIORITY unsecured claim:  |        |
| Debtor 2 only                                 | Student loans   |        |
| Debtor 1 and Debtor 2 only                    | Obligations arising out of a separation agreement or                                      |        |
| At least one of the debtors and another       | divorce that you did not report as priority claims  |        |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other                                       |        |
| s the claim subject to offset?                | similar debts  1 Other Specify  |        |
| <b>√</b> No                                   | ☑ Other. Specify  |        |
| ☐ Yes   |   |        |
| Joesph Campbell Law Firm                      | Last 4 digits of account number   | \$7,50 |
| Nonpriority Creditor's Name                   | When was the debt incurred?   |        |
| PO Box 430<br>Number Street                   | As of the date you file, the claim is: Check all that apply.                              |        |
| Edgewood, NM 87015                            | ☐ Contingent  |        |
| City State ZIP Code                           | Unliquidated  |        |
| Who incurred the debt? Check one.             | ☐ Disputed  |        |
| ☑ Debtor 1 only                               | Type of NONPRIORITY unsecured claim:  |        |
| Debtor 2 only                                 | Student loans   |        |
| Debtor 1 and Debtor 2 only                    | Obligations arising out of a separation agreement or                                      |        |
| ☐ At least one of the debtors and another     | divorce that you did not report as priority claims  |        |
| ☐ Check if this claim is for a community debt | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>     |        |
| ls the claim subject to offset?<br>☑ No       | ✓ Other. Specify  |        |

Part 2:

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.  | Total claim     |
|-------|---|---|-----------------|
| 4.22  | Mountain America FCU                                    | Last 4 digits of account number   | \$1.00          |
|       | Nonpriority Creditor's Name                             | When was the debt incurred?   |                 |
|       | PO Box 2331   | As of the date you file, the claim is: Check all that apply.  |                 |
|       | Number Street   | Contingent  |                 |
|       | Sandy, UT 84091 City State ZIP Code                     | Unliquidated  |                 |
|       | Who incurred the debt? Check one.                       |   |                 |
|       | ☑ Debtor 1 only   | 1   |                 |
|       | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                 |
|       | Debtor 1 and Debtor 2 only                              | ☐ Student loans   |                 |
|       | At least one of the debtors and another                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
|       |   | Debts to pension or profit-sharing plans, and other   |                 |
|       | ☐ Check if this claim is for a community debt           | similar debts   |                 |
|       | Is the claim subject to offset?  ✓ No                   | ☑ Other. Specify  |                 |
|       | — ····  |   |                 |
|       | Yes   |   |                 |
| 4.23  | PORTFOLIO RECOV ASSOC                                   | Last 4 digits of account number 1842  | <u>\$321.00</u> |
|       | Nonpriority Creditor's Name                             | When was the debt incurred? <u>07/22/2021</u>   |                 |
|       | 150 CORPORATE BLVD  Number Street                       | As of the date you file, the claim is: Check all that apply.  |                 |
|       | NORFOLK, VA 23502                                       | ☐ Contingent  |                 |
|       | City State ZIP Code                                     | Unliquidated  |                 |
|       | Who incurred the debt? Check one.                       | ☐ Disputed  |                 |
|       | ☑ Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                 |
|       | Debtor 2 only   | ☐ Student loans   |                 |
|       | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or  |                 |
|       | At least one of the debtors and another                 | divorce that you did not report as priority claims  |                 |
|       | ☐ Check if this claim is for a community debt           | Debts to pension or profit-sharing plans, and other   |                 |
|       | Is the claim subject to offset?                         | similar debts  Other Specify  |                 |
|       | ☑ No  | ✓ Other. Specify FactoringCompanyAccount  |                 |
|       | ☐ Yes   | . accompany/second  |                 |
| 404   |   |   | \$1,539.00      |
| 4.24  | PREFERRED CREDIT INC Nonpriority Creditor's Name        | Last 4 digits of account number 4096  | φ1,559.00       |
|       | 628 ROOSEVELT RD  | When was the debt incurred? <u>04/23/2016</u>   |                 |
|       | Number Street   | As of the date you file, the claim is: Check all that apply.  |                 |
|       | SAINT CLOUD, MN 56301                                   | Contingent  |                 |
|       | City State ZIP Code                                     | Unliquidated  |                 |
|       | Who incurred the debt? Check one.                       | ☐ Disputed  |                 |
|       | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                 |
|       | ☐ Debtor 2 only   | ☐ Student loans   |                 |
|       | ☐ Debtor 1 and Debtor 2 only                            | Obligations arising out of a separation agreement or  |                 |
|       | ☐ At least one of the debtors and another               | divorce that you did not report as priority claims  |                 |
|       | ☐ Check if this claim is for a community debt           | <ul> <li>Debts to pension or profit-sharing plans, and other<br/>similar debts</li> </ul>               |                 |
|       | Is the claim subject to offset?                         | other. Specify  |                 |
|       | ☑ No  | Secured Security  |                 |
|       | ☐ Yes   |   |                 |

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| TEXAS TECH FEDERAL CU                       | Last 4 digits of account number 5282  | \$82   |
|---|---|--------|
| Nonpriority Creditor's Name                 | When was the debt incurred? 02/28/2013  |        |
| PO BOX 41072                                | As of the date you file, the claim is: Check all that apply.                          |        |
| Number Street                               | ☐ Contingent  |        |
| LUBBOCK, TX 79409 City State ZIP Code       | Unliquidated  |        |
| Who incurred the debt? Check one.           | ☐ Disputed  |        |
| Debtor 1 only                               | Type of NONPRIORITY unsecured claim:  |        |
| Debtor 2 only                               | Student loans   |        |
| Debtor 1 and Debtor 2 only                  | <ul> <li>Obligations arising out of a separation agreement or</li> </ul>              |        |
| ✓ At least one of the debtors and another   | divorce that you did not report as priority claims                                    |        |
| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other                                   |        |
| Is the claim subject to offset?             | similar debts   Other Specify   |        |
| ✓ No  | ✓ Other. Specify  CreditCard  |        |
| ☐ Yes                                       |   |        |
| WORLD FINANCE CORPORAT                      | Last 4 digits of account number 7201  | \$2,21 |
| Nonpriority Creditor's Name                 | When was the debt incurred? 04/23/2019  |        |
| 104 S MAIN ST                               | As of the date you file, the claim is: Check all that apply.                          |        |
| GREENVILLE, SC 29601                        | ☐ Contingent  |        |
| City State ZIP Code                         | Unliquidated  |        |
| Who incurred the debt? Check one.           | Disputed  |        |
| ☑ Debtor 1 only                             | Type of NONPRIORITY unsecured claim:  |        |
| Debtor 2 only                               | ☐ Student loans   |        |
| Debtor 1 and Debtor 2 only                  | Obligations arising out of a separation agreement or                                  |        |
| At least one of the debtors and another     | divorce that you did not report as priority claims                                    |        |
| Check if this claim is for a community debt | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |        |
|   |   |        |
| Is the claim subject to offset?             | ☑ Other, Specify  |        |

Debtor 1

 Bradley
 Eugene
 Fincannon
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |   |              | Total claim |
|--------------|---|--------------|-------------|
| Total claims | 6a. Domestic support obligations  | 6a.          | \$0.00      |
| from Part 1  | 6b. Taxes and certain other debts you owe the government  | 6b.          | \$0.00      |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c.          | \$0.00      |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | 6d. +        | \$0.00      |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.          | \$0.00      |
|              |   |              |             |
|              |   |              | Total claim |
| Total claims | 6f. Student loans   | 6f.          | \$0.00      |
| from Part 2  | 6g. Obligations arising out of a separation<br>agreement or divorce that you did not report<br>as priority claims | 6g.          | \$0.00      |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.          | \$0.00      |
|              | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                             | 6i. <b>+</b> | \$27,450.00 |
|              | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j.          | \$27,450.00 |

| Fill in this information | n to identify your case | :           |                           |  |      |
|--------------------------|-------------------------|-------------|---------------------------|--|------|
| Debtor 1                 | Bradley                 | Eugene      | Fincannon                 |  |      |
|                          | First Name              | Middle Name | Last Name                 |  |      |
| Debtor 2                 |                         |             |                           |  |      |
| (Spouse, if filing)      | First Name              | Middle Name | Last Name                 |  |      |
| United States Bank       | ruptcy Court for the:   | N           | orthern District of Texas |  |      |
| Case number              |                         |             |                           |  | Chec |
| (if known)               |                         |             |                           |  | ame  |

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or o | company with whom you ha | ve the contract or lease | State what the contract or lease is for |
|-----|-------------|--------------------------|--------------------------|---|
| 2.1 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          | •                                       |
|     | City        | State                    | ZIP Code                 | •                                       |
| 2.2 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 |   |
| 2.3 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 |   |
| 2.4 |             |                          |                          |   |
|     | Name        |                          |                          |   |
|     | Number      | Street                   |                          |   |
|     | City        | State                    | ZIP Code                 | •                                       |

| Fill            | in this information          | to identify your case               | <b>:</b>             |   |                  |   |                                    |
|-----------------|------------------------------|-------------------------------------|----------------------|---|------------------|---|------------------------------------|
| De              | ebtor 1                      | Bradley                             | Eugene               | Fincannon   |                  |   |                                    |
|                 |                              | First Name                          | Middle Name          | Last Name   |                  |   |                                    |
|                 | ebtor 2<br>bouse, if filing) | First Name                          | Middle Name          | Last Name   |                  |   |                                    |
| Un              | ited States Bankru           | ptcy Court for the:                 |                      | Northern District of Texas                                  |                  |   |                                    |
|                 | se number _<br>known)        |                                     |                      |   |                  |   | Check if this is an amended filing |
| Off             | icial Form                   | 106H                                |                      |   |                  |   |                                    |
|                 |                              | <br>I: Your Co                      | debtors              |   |                  |   | 12/15                              |
| toget<br>in the | ther, both are equa          | ally responsible for                | supplying corre      | ct information. If more spa                                 | ace is needed, c | nd accurate as possible. If two<br>opy the Additional Page, fill<br>on, write your name and case r                    | it out, and number the entries     |
| 1.              | Do you have an               | y codebtors? (If yo                 | u are filing a joint | t case, do not list either spo                              | ouse as a codebt | tor.)   |                                    |
|                 | <b>✓</b> No                  |                                     | - ,                  | ·   |                  | ,   |                                    |
|                 | Yes                          |                                     |                      |   |                  |   |                                    |
| 2.              |                              |                                     |                      | nity property state or territ<br>, Texas, Washington, and \ |                  | ty property states and territori  | es include Arizona, California,    |
|                 | ☐ No. Go to line             | e 3.                                |                      |   |                  |   |                                    |
|                 | Yes. Did you                 | r spouse, former sp                 | ouse, or legal eq    | uivalent live with you at the                               | time?            |   |                                    |
|                 | No                           |                                     |                      |   |                  |   |                                    |
|                 |                              |                                     | e or territory did y | you live? New Mexico  |                  | . Fill in the name and current  | address of that person.            |
|                 | Fincanno Name of vo          | on, Jamie<br>our spouse, former spo | use, or legal equiva | alent   |                  | -   |                                    |
|                 | 36 Vegas                     |                                     | aco, or rogal oquire |   |                  |   |                                    |
|                 | Number                       | Street                              |                      |   |                  | -   |                                    |
|                 |                              | s, NM 87031                         | 0: : 710.0           |   |                  | -   |                                    |
|                 | City                         |                                     | State ZIP Co         | de  |                  |   |                                    |
| 3.              | again as a code              | btor only if that pe                | rson is a guarant    | tor or cosigner. Make sure                                  | you have listed  | use is filing with you. List the<br>the creditor on <i>Schedule D</i><br>chedule <i>E/F</i> , or <i>Schedule G</i> to | (Official Form 106D),              |
|                 | Column 1: Your c             | odebtor                             |                      |   | С                | olumn 2: The creditor to who  | m you owe the debt                 |
|                 |                              |                                     |                      |   |                  | Check all schedules that app  | ly:                                |
| 3.1             |                              |                                     |                      |   |                  | Schedule D, line  |                                    |
| _               | Name                         |                                     |                      |   |                  | Schedule E/F, line  |                                    |

Number

City

Street

ZIP Code

State

☐ Schedule G, line \_\_\_\_\_

| Fil       | l in this information t                   | o identify your ca | se:  |                    |                                     |                |               |            |                            |              |                 |
|-----------|---|--------------------|--|--------------------|-------------------------------------|----------------|---------------|------------|----------------------------|--------------|-----------------|
| D         | ebtor 1                                   | Bradley            | <u> </u>   | incannon           |                                     |                |               |            |                            |              |                 |
| _         |   | First Name         | Middle Name La   | ast Name           |                                     |                |               |            |                            |              |                 |
| _         | ebtor 2<br>Spouse, if filing)             | First Name         | Middle Name La   | ast Name           |                                     |                |               | Che        | ck if this is:             |              |                 |
| U         | nited States Bankru                       | ptcy Court for the | e: Northe  | ern District of Te | xas                                 |                |               |            | n amended filing           | 9            |                 |
| С         | ase number _                              |                    |  |                    |                                     |                |               |            | supplement sho             |              |                 |
| (it       | known)                                    |                    | _  |                    |                                     |                |               | _          | napier 15 incom            |              | Tollowing date. |
|           |   |                    |  |                    |                                     |                | _             | N          | MM / DD / YYYY             |              |                 |
| <u>Of</u> | ficial Form                               | <u> 1061</u>       |  |                    |                                     |                |               |            |                            |              |                 |
| Sc        | chedule I:                                | Your Inc           | come   |                    |                                     |                |               |            |                            |              | 12/15           |
| dd        |   | your name and o    | lude information about y<br>case number (if known). <i>I</i> |                    |                                     |                | ded, attach   | a separa   | te sheet to this f         | orm. On th   | ne top of any   |
| 1.        | Fill in your employ information.          | yment              |  | Debtor '           | 1                                   |                |               |            | Debtor 2 or no             | n-filing spo | ouse            |
|           | If you have more the                      |                    | Employment status  | <b>✓</b> Employed  | <sub>d</sub> $\square$ <sub>N</sub> | ot Employe     | d             |            | Employed $\square$ No      | t Employe    | d               |
|           | attach a separate information about       |                    | Occupation   | Sr. High Volt      | age Te                              | ech            |               |            |                            |              |                 |
|           | employers.  Include part time, s          | coaconal or        | Employer's name  | EDP Renew          | ables                               |                |               |            |                            |              |                 |
|           | self-employed wor                         |                    | Employer's address   |                    |                                     |                |               |            |                            |              |                 |
|           | Occupation may in<br>or homemaker, if it  |                    |  | Number Stre        | et                                  |                |               | Nu         | ımber Street               |              |                 |
|           |   |                    |  |                    |                                     |                |               |            |                            |              |                 |
|           |   |                    |  | -                  |                                     |                |               |            |                            |              |                 |
|           |   |                    |  | City               |                                     | State          | Zip Code      | Cit        | ty                         | State        | Zip Code        |
|           |   |                    | How long employed the  | re?                |                                     |                |               | _          |                            | _            |                 |
| Pa        | art 2: Give Detai                         | ils About Mont     | thly Income  |                    |                                     |                |               |            |                            |              |                 |
|           | Estimate monthly unless you are sep       |                    | e date you file this form.                                   | f you have nothi   | ng to r                             | eport for an   | y line, write | \$0 in the | space. Include y           | our non-fil  | ing spouse      |
|           | If you or your non-<br>more space, attack |                    | e more than one employe et to this form.                     | r, combine the ir  | forma                               | tion for all e | mployers fo   | that per   | son on the lines           | below. If y  | ou need         |
|           |   |                    |  |                    |                                     | For            | Debtor 1      |            | ebtor 2 or<br>iling spouse |              |                 |
| 2.        |   |                    | and commissions (before culate what the monthly w            |                    | 2.                                  | \$             | 7,582.88      |            | \$0.00                     |              |                 |
| 3.        | Estimate and list r                       | monthly overtime   | e pay.   |                    | 3.                                  | +              | \$0.00        | +          | \$0.00                     |              |                 |

4. Calculate gross income. Add line 2 + line 3.

\$7,582.88

\$0.00

Debtor 1

| Bradley    | Eugene      | Fincannon | Case number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name |                        |

|     |  |               | For Debtor 1    |         | Debtor 2 or<br>-filing spouse |                            |
|-----|--|---------------|-----------------|---------|-------------------------------|----------------------------|
|     | Copy line 4 here→  | 4.            | \$7,582.88      |         | \$0.00                        |                            |
| 5.  | List all payroll deductions:   |               |                 |         |                               |                            |
|     | 5a. Tax, Medicare, and Social Security deductions  | 5a.           | \$1,124.94      |         | \$0.00                        |                            |
|     | 5b. Mandatory contributions for retirement plans   | 5b.           | \$0.00          | _       | \$0.00                        |                            |
|     | 5c. Voluntary contributions for retirement plans   | 5c.           | \$453.09        |         | \$0.00                        |                            |
|     | 5d. Required repayments of retirement fund loans   | 5d.           | \$0.00          |         | \$0.00                        |                            |
|     | 5e. Insurance  | 5e.           | \$327.06        |         | \$0.00                        |                            |
|     | 5f. Domestic support obligations   | 5f.           | \$0.00          |         | \$0.00                        |                            |
|     | 5g. Union dues   | 5g.           | \$0.00          |         | \$0.00                        |                            |
|     | 5h. Other deductions. Specify:   | 5h.           | + \$0.00        | +_      | \$0.00                        |                            |
| 6.  | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  | 6.            | \$1,905.10      |         | \$0.00                        |                            |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.            | \$5.677.78      |         | \$0.00                        |                            |
| 8.  | List all other income regularly received:  |               |                 |         | _                             |                            |
|     | 8a. Net income from rental property and from operating a business, profession, or farm   |               |                 |         |                               |                            |
|     | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |               |                 |         |                               |                            |
|     | monthly net income.  | 8a.           | \$0.00          |         | \$0.00                        |                            |
|     | 8b. Interest and dividends   | 8b.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  |               |                 |         |                               |                            |
|     | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8d. Unemployment compensation  | 8d.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8e. Social Security  | 8e.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8f. Other government assistance that you regularly receive   |               |                 |         |                               |                            |
|     | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   |               |                 |         |                               |                            |
|     | Specify:   | 8f.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8g. Pension or retirement income   | 8g.           | \$0.00          | _       | \$0.00                        |                            |
|     | 8h. Other monthly income. Specify:   | 8h.           | + \$0.00        | +_      | \$0.00                        |                            |
| 9.  | <b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.            | \$0.00          |         | \$0.00                        |                            |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   | 10.           | \$5,677.78      | +_      | \$0.00                        | \$5,677.7                  |
| 11. | State all other regular contributions to the expenses that you list in Sched   | dule J.       |                 |         |                               |                            |
|     | Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a  |               |                 |         |                               |                            |
|     | Specify:   |               | . , ,           |         | 11. •                         | <b>+</b> \$0.00            |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical  |               |                 | income. |                               | \$5,677.7                  |
|     | amount on the outlinary of Tour Assets and Elabilities and Certain Statistics  | ui iiiiOIIIld | шоп, п п аррпез |         | 12.                           |                            |
|     |  |               |                 |         |                               | Combined<br>monthly income |
| 13. | Do you expect an increase or decrease within the year after you file this for value of the second of | orm?          |                 |         |                               |                            |
|     | Yes. Explain:  |               |                 |         |                               |                            |

|     |  |                             |                                 |                        |  | I           |                  |   |
|-----|--|-----------------------------|---------------------------------|------------------------|--|-------------|------------------|---|
| Fil | I in this information                              | to identify your cas        | e:                              |                        |  |             |                  |   |
| D   | Debtor 1   | Bradley First Name          | Eugene<br>Middle Name           | Fincannon<br>Last Name |  | Check if    | this is:         |   |
|     | ebtor 2  |                             |                                 |                        |  | ☐ An ai     | mended filing    |   |
| (5  | Spouse, if filing)                                 | First Name                  | Middle Name                     | Last Name              |  |             | oplement showing | g postpetition<br>of the following date:                  |
| U   | Inited States Bankru                               | uptcy Court for the:        |                                 | Northern Distric       | t of Texas                                     | спар        | ter 13 income as | or the following date.                                    |
| _   | case number<br>f known)                            |                             |                                 |                        |  | MM /        | DD / YYYY        |   |
| Of  | fficial Form                                       | <u>106J</u>                 |                                 |                        |  |             |                  |   |
| S   | chedule J  | : Your Ex                   | penses                          |                        |  |             |                  | 12/15   |
|     |  |                             |                                 |                        |  |             |                  | correct information. If more own). Answer every question. |
| Pa  | art 1: Describe                                    | Your Household              |                                 |                        |  |             |                  |   |
| 1.  | $\square_{No}$                                     | 2.<br>otor 2 live in a sepa |                                 | 2, Expenses for        | Separate Household of D                        | ebtor 2.    |                  |   |
| 2.  | Do you have depo                                   | endents?                    | □ <sub>No</sub>                 |                        |  |             |                  |   |
|     | Do not list Debtor<br>Debtor 2.                    | 1 and                       | Yes. Fill out th                | is information         | Dependent's relationsh<br>Debtor 1 or Debtor 2 | ip to       | Dependent's age  | Does dependent live with you?                             |
|     | Do not state the d names.                          | ependents'                  |                                 |                        | Child  |             | 8                | □ <sub>No.</sub> ☑ <sub>Yes.</sub>                        |
|     | names.   |                             |                                 |                        | Child  |             | 13               | - □ <sub>No.</sub> ☑ <sub>Yes.</sub>                      |
|     |  |                             |                                 |                        | Relative                                       |             | 33               | _ □ <sub>No.</sub> ☑ <sub>Yes.</sub>                      |
|     |  |                             |                                 |                        |  |             |                  | - □ No. □ Yes.  |
|     |  |                             |                                 |                        |  |             |                  | - INO. I les.   |
|     |  |                             |                                 |                        |  |             |                  | - No. Yes.  |
| 3.  | Do your expense expenses of peop yourself and your | ole other than              | <b>☑</b> No<br>□ <sub>Yes</sub> |                        |  |             |                  |   |
| Pa  | art 2: Estimate                                    | Your Ongoing M              | onthly Expense                  | es                     |  |             |                  |   |
|     |  |                             |                                 |                        | using this form as a sup                       |             |                  | e to report expenses as of a                              |
| Inc | clude expenses pai                                 | d for with non-cas          | h government ass                | istance if you k       | now the value of                               |             |                  | ur expenses   |
| 4.  | The rental or hom for the ground or I              |                             | enses for your residence        | dence. Include f       | irst mortgage payments a                       | nd any rent | 4.               | \$1,095.00  |
|     | If not included in                                 | line 4:                     |                                 |                        |  |             |                  |   |
|     | 4a. Real estate ta                                 |                             |                                 |                        |  |             | 4a               | \$0.00  |
|     |  | eowner's, or renter         | 's insurance                    |                        |  |             | 4b.              | \$0.00  |
|     | , ,  | •                           |                                 |                        |  |             | 4c.              | \$0.00  |
|     |  | nance, repair, and u        |                                 |                        |  |             | 4d.              | \$0.00  |

4d. Homeowner's association or condominium dues

\$0.00

Debtor 1 Bradley Eugene Fincannon Case number (if known) \_\_\_\_\_\_\_

First Name Middle Name Last Name

|            |  |      | Your expenses |
|------------|--|------|---------------|
| 5.         | Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$0.00        |
| <b>S</b> . | Utilities:   |      |               |
|            | 6a. Electricity, heat, natural gas   | 6a.  | \$330.00      |
|            | 6b. Water, sewer, garbage collection   | 6b.  | \$150.00      |
|            | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$296.00      |
|            | 6d. Other. Specify:  | 6d.  | \$0.00        |
| <b>.</b>   | Food and housekeeping supplies   | 7.   | \$850.00      |
| 3.         | Childcare and children's education costs   | 8.   | \$0.00        |
| ).         | Clothing, laundry, and dry cleaning  | 9.   | \$200.00      |
| 0.         | Personal care products and services  | 10.  | \$96.00       |
| 11.        | Medical and dental expenses  | 11.  | \$225.00      |
| 12.        | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.   | 12.  | \$300.00      |
| 13.        | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.  | \$0.00        |
| 14.        | Charitable contributions and religious donations   | 14.  | \$250.00      |
| 15.        | <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |               |
|            | 15a. Life insurance  | 15a. | \$0.00        |
|            | 15b. Health insurance  | 15b. | \$0.00        |
|            | 15c. Vehicle insurance   | 15c. | \$105.00      |
|            | 15d. Other insurance. Specify:   | 15d. | \$0.00        |
| 6.         | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   | 16.  | \$0.00        |
| 17         | Installment or lease payments:   |      |               |
| ٠.         | 17a. Car payments for Vehicle 1  | 17a. | \$504.00      |
|            |  | 17b. | \$900.00      |
|            | 17b. Car payments for Vehicle 2  | 17c. | \$0.00        |
|            | 17c. Other. Specify:   | 17d. | \$0.00        |
|            | 17d. Other. Specify:   |      | φυ.υυ         |
| 8.         | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.  | \$0.00        |
| 9.         | Other payments you make to support others who do not live with you.  | 40   | <b>#0.00</b>  |
|            | Specify:   | 19.  | \$0.00        |
| 0.         | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  |      |               |
|            | 20a. Mortgages on other property   | 20a. | \$0.00        |
|            | 20b. Real estate taxes   | 20b. | \$0.00        |
|            | 20c. Property, homeowner's, or renter's insurance  | 20c. | \$0.00        |
|            | 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$0.00        |
|            | 20e. Homeowner's association or condominium dues   | 20e. | \$0.00        |

| Deb | tor 1        | Bradley First Name        | Eugene<br>Middle Name     | <b>Fincannon</b> Last Name  | Case number (if kn | own)       |
|-----|--------------|---------------------------|---------------------------|---|--------------------|------------|
| 21. | Other. Spec  | cify:                     | unreimbursed expenses     | for job   | 21. +_             | \$320.00   |
| 22. | Calculate y  | our monthly exp           | enses.                    |   |                    |            |
|     | 22a. Add lir | nes 4 through 21.         |                           |   | 22a                | \$5,621.00 |
|     | 22b. Copy I  | ine 22 (monthly e         | xpenses for Debtor 2), i  | f any, from Official Form 106J-2  | 22b                | \$0.00     |
|     | 22c. Add lin | ne 22a and 22b. T         | he result is your monthl  | y expenses.   | 22c                | \$5,621.00 |
| 23. | Calculate y  | our monthly net           | income.                   |   |                    |            |
|     | 23a. Copy I  | ine 12 (your coml         | pined monthly income) f   | rom Schedule I.   | 23a. <u> </u>      | \$5,677.78 |
|     | 23b. Copy y  | your monthly expe         | enses from line 22c abo   | ve.   | 23b                | \$5,621.00 |
|     | 23c. Subtra  | ct your monthly e         | xpenses from your mon     | thly income.  |                    |            |
|     | The re       | esult is your <i>mont</i> | hly net income.           |   | 23c. <u> </u>      | \$56.78    |
| 24. | For example  | e, do you expect          | to finish paying for your | car loan within the year after you file car loan within the year or do you e of a modification to the terms of yo | expect your        |            |

| Fill in this information | to identify your case |             |                           |        |
|--------------------------|-----------------------|-------------|---------------------------|--------|
| Debtor 1                 | Bradley               | Eugene      | Fincannon                 |        |
|                          | First Name            | Middle Name | Last Name                 |        |
| Debtor 2                 |                       |             |                           |        |
| (Spouse, if filing)      | First Name            | Middle Name | Last Name                 |        |
| United States Bankr      | ruptcy Court for the: | N           | orthern District of Texas |        |
| Case number              |                       |             |                           | ☐ Chec |
| (if known)               |                       |             |                           | amer   |

# Official Form 106Dec

# Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
|  |   |
| Did you pay or agree to pay someone who is NOT an attorney to hel    | p you fill out bankruptcy forms?  |
| <b>☑</b> No  |   |
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
| Under penalty of perjury, I declare that I have read the summary and | schedules filed with this declaration and that they are true and correct.                     |
|  |   |
| X /s/ Bradley Eugene Fincannon                                       |   |
| Bradley Eugene Fincannon, Debtor 1                                   |   |
| Date 06/24/2022  |   |
| MM/ DD/ YYYY   |   |

| Fill in this information to identify your case: |            |             |                            |  |  |  |  |
|---|------------|-------------|----------------------------|--|--|--|--|
| Debtor 1  | Bradley    | Eugene      | Fincannon                  |  |  |  |  |
|   | First Name | Middle Name | Last Name                  |  |  |  |  |
| Debtor 2  |            |             |                            |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | N           | Iorthern District of Texas |  |  |  |  |
| Case number                                     |            |             |                            |  |  |  |  |
| (if known)                                      |            |             |                            |  |  |  |  |

### Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that secures Did you claim the property as exempt on Schedule C? ☑ Surrender the property. **√** No. Creditor's name: **CHRYSLER CAPITAL** Retain the property and redeem it. ☐ Yes Description of 2018 Jeep Renegade Retain the property and enter into a Debtor will Surrender his interest property Reaffirmation Agreement. securing debt: Retain the property and [explain]: ☐ No Creditor's ☐ Surrender the property. FREEDOM ROAD FINANCIAL name: **√**1 Yes Retain the property and redeem it. Description of 2018 Harley Davidson Street Glide Retain the property and enter into a property Reaffirmation Agreement. securing debt: A Retain the property and [explain]:

Debtor 1

| Bradley    | Eugene      | Fincannon | Case number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name |                        |

| Δ | dd | litid | onal  | Page | for | Part | 1 |
|---|----|-------|-------|------|-----|------|---|
| _ | uu | ıııı  | viiai | raue | 101 | гαιι |   |

| Creditor's name:  Description of property securing debt: | GREIG AUTOMOTIVE  2014 Open Range 5th Wheel Camper               | ✓ Surrender the property.  ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:   | ☑ No<br>☐ Yes        |
|--|--|--|----------------------|
| Creditor's name:  Description of property securing debt: | CREDIT ACCEPTANCE CORP 2011 BMW X5                               | <ul> <li>✓ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul> | ☑ No<br>☐ Yes        |
| Creditor's name:  Description of property securing debt: | AMARILLO NATIONAL BANK 2018 Enclosed 16' Trailer                 | ✓ Surrender the property.  ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:   | ☑ No<br>☐ Yes        |
| Creditor's name:  Description of property securing debt: | Darrell Fincannon 2018 Chevrolet 1500                            | <ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☑ Retain the property and [explain]:</li> </ul> | <b>√</b> No<br>☐ Yes |
| Creditor's name:  Description of property securing debt: | ROCKET MORTGAGE, LLC<br>607 Highland Drive Tucumari, NM<br>85401 | <ul> <li>✓ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul> | ☑ No<br>☐ Yes        |

| Debtor 1 | Bradley | Eugene | Fincannon | Case number (if kr |
|----------|---------|--------|-----------|--------------------|

nown) 📥 First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the            |
|--|
| information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an |
| unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  |

| Describe your unexpired personal property leases   | Will the lease be assumed?  |
|--|---|
| Lessor's name:   | ☐ No  |
|  | ☐ Yes   |
| Description of leased property:  |   |
|  |   |
| Lessor's name:   | □ No  |
| Description of leased  | ☐ Yes   |
| property:  |   |
| Lessor's name:   | ☐ No  |
|  | ☐ Yes   |
| Description of leased property:  | <b>-</b> 100  |
| ргорену.   |   |
| Lessor's name:   | ☐ No  |
| Description of leased  | ☐ Yes   |
| property:  |   |
| Lessor's name:   | ☐ No  |
| Lesson's Harrie.   |   |
| Description of leased  | ☐ Yes   |
| property:  |   |
| Lessor's name:   | ☐ No  |
|  | Yes   |
| Description of leased property:  |   |
|  |   |
| Lessor's name:   | ☐ No  |
| Description of leased  | Yes   |
| property:  |   |
|  |   |
|  |   |
| rt 3: Sign Below   |   |
| In day would not work and the class that I have in directed any intention about any  | were stored and any contact that accounts a debt and any research |
| Inder penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease. | property of iny estate that secures a dept and any personal       |
|  |   |
| /s/ Bradley Eugene Fincannon   |   |
| Signature of Debtor 1  |   |
| B + 20/04/2000   |   |
| Date <u>06/24/2022</u><br>MM/ DD/ YYYY   |   |

# IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS ABILENE DIVISION

| IN RE: I | Fincannon, Bradley | Eugene                        | CASE NO   |
|----------|--------------------|-------------------------------|---|
|          |                    |                               | CHAPTER 7   |
|          |                    | VEE                           | RIFICATION OF CREDITOR MATRIX   |
|          |                    |                               |   |
| The a    | bove named Debtor  | hereby verifies that the atta | ached list of creditors is true and correct to the best of his/her knowledge. |
| Date _   | 06/24/2022         | Signature                     | /s/ Bradley Eugene Fincannon  |
|          |                    |                               | Bradley Eugene Fincannon, Debtor  |

#### AARGON COLLECTION AGEN

8668 SPRING MOUNTAIN RD LAS VEGAS, NV 89117

AFFIRM INC 650 CALIFORNIA ST FL 12 SAN FRANCISCO, CA 94108

AFNI, INC. PO BOX 3097 BLOOMINGTON, IL 61702

AMARI LLO NATI ONAL BANK 410 S TAYLOR ST AMARILLO, TX 79101

BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998

CAPITAL ACCOUNTS LLC PO BOX 140065 NASHVILLE, TN 37214

CCB I NC 5300 6TH STREET FRONTAGE SPRINGFIELD, IL 62703

CHRYSLER CAPITAL PO BOX 961275 FORT WORTH, TX 76161

#### COLLECTION BUREAU FA

509 EAST 20TH ST. FARMINGTON, NM 87401

#### COLLECTION RESOURCES I

650 E MONTANA AVE STE J LAS CRUCES, NM 88001

#### CONN APPLIANCES INC

1401 RANKIN RD STE 300 HOUSTON, TX 77073

#### CREDENCE RESOURCE MANA

17000 DALLAS PKWY STE 20 DALLAS, TX 75248

#### CREDIT ACCEPTANCE CORP

PO BOX 513 SOUTHFIELD, MI 48037

#### CREDIT COLLECTION SERV

725 CANTON ST NORWOOD, MA 02062

#### Darrell Fincannon

3194 Chimney Rock Cr. Abilene, TX 79606

#### **DISCOVER BANK**

PO BOX 30939 SALT LAKE CITY, UT 84130

#### ESB/HARLEY DAVIDSON CR

PO BOX 21829 CARSON CITY, NV 89721

#### Fortiva

5 Concourse Parkway Atlanta, GA 30328

#### FREEDOM ROAD FINANCIAL

10509 PROFESSIONAL CIR S RENO, NV 89521

#### GREIG AUTOMOTIVE

9502 CAMP BOWIE WEST BLVD FORT WORTH, TX 76116

#### Jamie Fincannon

36 Vegas Rd Los Lunas, NM 87031-5744

#### Joesph Campbell Law Firm

PO Box 430 Edgewood, NM 87015

#### Mountain America FCU

PO Box 2331 Sandy, UT 84091

#### PORTFOLIO RECOV ASSOC

150 CORPORATE BLVD NORFOLK, VA 23502

# PREFERRED CREDIT INC 628 ROOSEVELT RD

SAINT CLOUD, MN 56301

ROCKET MORTGAGE, LLC 1050 WOODWARD AVE DETROIT, MI 48226

TEXAS TECH FEDERAL CU PO BOX 41072 LUBBOCK, TX 79409

WORLD FINANCE CORPORAT 104 S MAIN ST GREENVILLE, SC 29601

6.

# United States Bankruptcy Court Northern District of Texas

| In re | F        | Fincannon, Bradley Eugene  |                            |
|-------|----------|--|----------------------------|
|       |          | Case No.   | _                          |
| Debto | r        | Chapter 7  |                            |
|       |          | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  |                            |
| 1.    | com      | rsuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above name impensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as | me, for services rendered  |
|       | For      | legal services, I have agreed to accept  | \$2,000.00                 |
|       | Prio     | or to the filing of this statement I have received   | \$2,000.00                 |
|       | Bala     | lance Due  | \$0.00                     |
| 2.    | The      | e source of the compensation paid to me was:   |                            |
|       | <b>4</b> | Debtor   |                            |
| 3.    | The      | e source of compensation to be paid to me is:  |                            |
|       | <b>4</b> | Debtor   |                            |
| 4.    | _        | I have not agreed to share the above-disclosed compensation with any other person unless they are men  | nbers and associates of my |
|       |          | I have agreed to share the above-disclosed compensation with a other person or persons who are not mental firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation   | -                          |
| 5.    | In re    | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy ca   | ase, including:            |
|       | a.       | Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to bankruptcy;   | file a petition in         |
|       | b.       | Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;   |                            |
|       | c.       | Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned he  | arings thereof;            |

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/24/2022 /s/ Kevin W. Willhelm

Kevin W. Willhelm Date Signature of Attorney

Bar Number: 00785252 Willhelm Law Firm Po Box 3536 Abilene, TX 79604-3536

Phone: (325) 692-0900

Willhelm Law Firm

Name of law firm

| Fill                         | in this information   | to identify your case:  |  |                                    |  |                          | Check one<br>Form 122                   | e box only as directed in  | this form and in                    |
|------------------------------|---|---|--|------------------------------------|--|--------------------------|---|--|-------------------------------------|
| D                            | ebtor 1   | Bradley   | Eugene   | Fincannon                          |  |                          |   | •  |                                     |
| _                            |   | First Name  | Middle Name  | Last Name                          |  |                          | 1 1 -                                   | re is no presumption of a  |                                     |
|                              | ebtor 2<br>Spouse, if filing)   | First Name  | Middle Name  | Last Name                          |  |                          | of abus                                 | calculation to determine se applies will be made u   | inder Chapter 7                     |
| U                            | nited States Bankr  | ruptcy Court for the:   | No   | rthern District                    | of Texas   |                          |   | Test Calculation (Officia  | ,                                   |
|                              |   | uptey Court for the.  |  | Turcin District                    | Oricads  |                          |   | Means Test does not ap<br>ified military service but i   |                                     |
| _                            | ase number<br>known)  |   |  |                                    |  |                          | Charle                                  | if this is an amended fili   |                                     |
|                              |   |   |  |                                    |  |                          | _ Check                                 | . II this is an amended iiii   | ng                                  |
| <u>Of</u>                    | ficial Form   | 122A-1  |  |                                    |  |                          |   |  |                                     |
| Cł                           | napter 7  | Statement   | of Your (  | Current                            | t Mont   | hly Ir                   | ncome                                   |  | 12/19                               |
| attad<br>and<br>beca<br>with | ch a separate shed<br>case number (if k<br>ause of qualifying<br>this form. | et to this form. Includ<br>nown). If you believe  | e the line number<br>that you are exem<br>plete and file <i>Stat</i>   | to which the a poted from a po     | ndditional information of the contraction of the co | ormation a<br>of abuse b | applies. On the top<br>ecause you do no | r being accurate. If more<br>p of any additional page<br>ot have primarily consur<br>er § 707(b)(2) (Official Fo | s, write your name<br>ner debts or  |
|                              |   | rital and filing status?  |  |                                    |  |                          |   |  |                                     |
|                              |   | Fill out Column A, lines  |  |                                    |  |                          |   |  |                                     |
|                              |   | our spouse is filing v  | •  |                                    |  | 2-11.                    |   |  |                                     |
|                              | _   | our spouse is NOT fil   |  | -                                  |  |                          |   |  |                                     |
|                              |   | the same household  |  | -                                  |  |                          |   |  |                                     |
|                              | under pe  |   | ou and your spous  | e are legally se                   | eparated und   | er nonban                | kruptcy law that ap                     | cking this box, you declar pplies or that you and you \$707(b)(7)(B).  |                                     |
| 10<br>va<br>ex               | 01(10A). For exam aried during the 6 r                                      | ple, if you are filing on<br>months, add the incom  | September 15, the for all 6 months   | e 6-month peri<br>and divide the   | iod would be total by 6. Fi  | March 1 th               | nrough August 31. Sult. Do not include  | ou file this bankruptcy c If the amount of your mo e any income amount mo have nothing to report fo              | onthly income<br>ore than once. For |
|                              |   |   |  |                                    |  |                          | Column A  Debtor 1                      | Column B Debtor 2 or non-filing spouse   |                                     |
| 2.                           | Your gross wage deductions).  | es, salary, tips, bonus   | es, overtime, and  | commissions                        | (before all pa   | ayroll                   | \$8,451.9                               | 6  | _                                   |
| 3.                           | Alimony and mains filled in.  | intenance payments.   | Do not include pay   | ments from a                       | spouse if Co   | lumn B                   | \$0.0                                   | <u> </u>   | _                                   |
| 4.                           | your dependents<br>unmarried partne<br>roommates. Inclu                     | n any source which at<br>s, including child support, members of your hour<br>ande regular contribution<br>ents you listed on line | port. Include regulations are leading to the point of the point from a spouse of the point of th | ar contributions<br>endents, parer | s from an<br>nts, and  | -                        | \$0.0                                   | 0  | _                                   |
| 5.                           | Net income from or farm   | operating a business  | s, profession,   | Debtor 1                           | Debtor 2   |                          |   |  |                                     |
|                              | Gross receipts (b   | efore all deductions)   |  | \$0.00                             |  |                          |   |  |                                     |
|                              | Ordinary and neo  | cessary operating expe  | enses  | - \$0.00                           |  |                          |   |  |                                     |
|                              | Net monthly incom   | me from a business, p   | rofession, or farm   | \$0.00                             |  | Copy<br>here<br>→        | \$0.0                                   | 0  |                                     |
| 6.                           | Net income from   | rental and other real   | property   | Debtor 1                           | Debtor 2   |                          | -                                       |  |                                     |
|                              |   | efore all deductions)   |  | \$0.00                             | DODIO! Z   |                          |   |  |                                     |
|                              | Ordinary and nec  | cessary operating expe  | enses  | - \$0.00                           | -  |                          |   |  |                                     |
|                              | Net monthly inco  | me from rental or othe  | r real property  | \$0.00                             |  | Copy<br>here             | <b>ዕ</b> ስ ስ                            | 0  |                                     |
| 7                            | Interest alludates  | do and revelting  |  |                                    |  | $\rightarrow$            | \$0.00<br>\$0.00                        | _  | _                                   |
| 7.                           | Interest, dividend  | us, and royaities   |  |                                    |  |                          | φυ.υ                                    | <del>-</del>   | _                                   |

| Debt         | or 1  | Bradley  | Eugene   | Fincannon  |   | Case number (if known) |  |  |
|--------------|---|--|--|--|---|------------------------|--|--|
|              |   | First Name   | Middle Name  | Last Name  |   | Column A Debtor 1      | Column B Debtor 2 or non-filing spouse |  |
|              | 8. Unemp  | loyment compens  | sation   |  |   | \$0.00                 |  |  |
|              | Do not under  | enter the amount i   | f you contend that the a   | amount received was a  | benefit   |                        |  |  |
|              | the Soc   | ial Security Act. In   | stead, list it here:   |  | ↓   |                        |  |  |
|              | For you   |  |  | <u> </u>   | \$0.00  |                        |  |  |
|              | For you   | r spouse   |  |  |   |                        |  |  |
| -            | benefit do not i United i disabilit retired p that it d entitled  10. Incom Do not receive domes the Un injury of | under the Social S nclude any compe States Governmen y, or death of a me cay paid under cha ces not exceed the if retired under an e from all other so include any benefied as a victim of a stic terrorism; or co itted States Govern or disability, or dea | come. Do not include at security Act. Also, except ansation, pension, pay, at in connection with a camber of the uniformed apter 61 of title 10, then a amount of retired pay y provision of title 10 or cources not listed above fits received under the war crime, a crime againgment in connection with the first amender of the upparate page and put the exparate page and put the  | of as stated in the next annuity, or allowance particles. If you receive include that pay only to which you would other than chapter 61 of a Specify the source are Social Security Act; pay inst humanity, or internous, annuity, or allowanth a disability, combat-runiformed services. If n | sentence, aid by the d injury or ed any o the extent nerwise be that title. and amount. yments ational or ce paid by elated | \$0.00                 |  |  |
|              | Total amoun   | oto from concrete r  | agge if any  |  |   |                        |  |  |
|              | 11. <b>Calcul</b><br>each c   | column. Then add t   | rent monthly income. A   | o the total for Column E   |   | \$8,451.96             | +                                      | = \$8,451.96  Total current monthly income |
| Part         | t 2: Dete   | rmine Whether  | the Means Test Ap  | oplies to You  |   |                        |  |  |
| 12. <b>C</b> | alculate yo   | ur current monthl  | y income for the year.   | Follow these steps:  |   |                        | r                                      |  |
| 1:           | 2а. Сору у  | our total current m  | nonthly income from line   | ə 11   |   |                        | Copy line 11 here →                    | \$8,451.96                                 |
|              | Multipl   | y by 12 (the numb  | er of months in a year)  |  |   |                        |  | <b>x</b> 12                                |
| 1:           | 2b. The re  | sult is your annual  | income for this part of  | the form.  |   |                        | 12b.                                   | \$101,423.52                               |
| 13. <b>C</b> | alculate the  | e median family in   | come that applies to y   | <b>ou.</b> Follow these steps:   | :   |                        |  |  |
| F            | ill in the sta  | te in which you live   | Э.   | Texas  |   |                        |  |  |
| F            | ill in the nur  | mber of people in y  | our household.   | 4  |   |                        |  |  |
| To<br>in     | o find a list on structions f   | of applicable media<br>or this form. This li   | e for your state and size<br>an income amounts, go<br>ist may also be availabl   | online using the link s  | pecified in the s   |                        | 13.                                    | \$93,386.00                                |
|              |   | ines compare?  |  |  |   |                        |  |  |
|              | Go to   | o Part 3. Do NOT f   | r equal to line 13. On th<br>fill out or file Official For   | m 122A-2.  |   |                        |  |  |
| 14           | 4b. <b>L</b> ine<br>Go to   | 12b is more than loperated Part 3 and fill out   | line 13. On the top of part to the top of the top o | age 1, check box 2, The  | e presumption o   | of abuse is determined | d by Form 122A-2.                      |  |

First Name Middle Name Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Bradley Eugene Fincannon

Signature of Debtor 1

Date <u>06/24/2022</u>

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill i         | in this information                    | to identify your case                          | e:                        |                          |   | Check the appropriate bo 40 or 42:                                 | x as directed in lines |
|----------------|--|--|---------------------------|--------------------------|---|--|------------------------|
| De             | btor 1                                 | Bradley First Name                             | <b>Eugene</b> Middle Name | Fincannon<br>Last Name   |   | According to the calculation                                       | ons required by this   |
| _              | ebtor 2                                |  |                           |                          |   | ☑ 1. There is no presum  | otion of abuse.        |
| (Sp            | oouse, if filing)                      | First Name                                     | Middle Name               | Last Name                |   | 2. There is a presump  |                        |
| Un             | ited States Bankr                      | ruptcy Court for the:                          | !                         | Northern District of     | <u>Texas</u>                              | — Z. Moro to a procump   |                        |
|                | se number<br>known)                    |  |                           |                          |   | Check if this is an ame  | ended filing           |
| Off            | icial Form                             | 122A-2   |                           |                          |   |  |                        |
| Ch             | apter 7                                | Means Te                                       | st Calcu                  | lation                   |   |  | 04/22                  |
| To fil         | l out this form, yo                    | ou will need your co                           | mpleted copy of           | Chapter 7 Statemen       | t of Your Current Monthly I               | ncome (Official Form 122A-1).                                      |                        |
| attac<br>and c | h a separate shec<br>case number (if k | et to this form. Inclu                         | ide the line numb         |                          |   | onsible for being accurate. If n<br>On the top of any additional p |                        |
| 1.             | Copy your total                        | current monthly in                             | come                      | Copy line                | 11 from Official From 122A                | -1 here →  | \$8,451.96             |
| 2.             | Did you fill out                       | Column B in Part 1                             | of Form 122A-1?           |                          |   |  |                        |
|                | ☑No. Fill in \$0                       | for the total on line 3                        | 3.                        |                          |   |  |                        |
|                | Yes. Is your                           | spouse filing with yo                          | u?                        |                          |   |  |                        |
|                | □ <sub>No. Go t</sub>                  |  |                           |                          |   |  |                        |
|                | _                                      | in \$0 for the total on                        | line 3.                   |                          |   |  |                        |
| 3.             |  | rent monthly incom<br>u or your dependen       |                           |                          | use's income not used to p                | pay for the household  |                        |
|                |  | ımn B of Form 122A-<br>nses of you or your     |                           | unt of the income you    | reported for your spouse N                | IOT regularly used for the   |                        |
|                | ☑ No. Fill in 0 f                      | or the total on line 3.                        |                           |                          |   |  |                        |
|                | Yes. Fill in th                        | e information below:                           | :                         |                          |   |  |                        |
|                | State each                             | n purpose for which                            | the income was            | used                     | Fill in the amount you                    |  |                        |
|                | For examp                              | ble, the income is use<br>people other than ye | ed to pay your spo        | ouse's tax debt or       | are subtracting from your spouse's income |  |                        |
|                |  |  |                           |                          |   |  |                        |
|                |  |  |                           |                          |   |  |                        |
|                |  |  |                           |                          |   |  |                        |
|                |  |  |                           |                          | +   |  |                        |
|                | Total                                  |  |                           |                          | \$0.00                                    | Copy total here→   | \$0.00                 |
| 4.             | Adjust your cur                        | rent monthly incom                             | e Subtract the to         | tal on line 3 from line  | . 1                                       |  |                        |
| <b>-</b>       | Aujust your cur                        | Tent monthly incom                             | e. Subtract the to        | tai on iiile o nom iiile |   |  | \$8,451.96             |

Debtor 1

Middle Name

Last Name

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,900.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older-because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$75.00
- 4 Number of people who are under 65
- Subtotal. Multiply line 7a by line 7b.

\$300.00

#### People who are 65 years of age or older

- Out-of-pocket health care allowance per person
  - Number of people who are 65 or older 0
- 7f. Subtotal. Multiply line 7d by line 7e.

\$153.00

\$300.00

\$0.00 \$0.00 Copy here →

Copy here →

Total. Add lines 7c and 7f.

\$300.00

Copy total here  $\rightarrow$ 

\$300.00

Debtor 1 **Bradley** Eugene **Fincannon** Case number (if known) -First Name Middle Name Last Name **Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities - Insurance and operating expenses ■ Housing and utilities – Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. \$803.00 Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses..... Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for \$1,255.00 your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment Repeat this Copy \$0.00 Total average monthly payment \$0.00 amount on line 33a 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage or \$1,255.00 \$1,255.00 here  $\rightarrow$ rent expense). If this amount is less than \$0, enter \$0..... 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects \$0.00 the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating

expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$534.00

Debtor 1 **Bradley** Eugene **Fincannon** Case number (if known) -Last Name

Middle Name

First Name

|  | for more than two vehicle  | 55.   |  |                             |                                    |   |                     |
|--|--|---|--|-----------------------------|------------------------------------|---|---------------------|
| Vehicle 1  | Describe Vehicle 1:  | 2018 Harley Davidso   | n Street Glide                             |                             |                                    |   |                     |
| 13a. Owners  | hip or leasing costs using   | g IRS Local Standard  |  |                             |                                    | \$588.00  |                     |
| 13b. Average   | e monthly payment for all  | debts secured by Veh  | icle 1.                                    |                             |                                    |   |                     |
| Do not i   | nclude costs for leased v  | rehicles.   |  |                             |                                    |   |                     |
| 13e, add   | ulate the average monthly d all amounts that are con a creditor in the 60 month wide by 60.  | ntractually due to each   | 1  |                             |                                    |   |                     |
| Name o   | of each creditor for Vehic   | cle 1 Average r   | monthly                                    |                             |                                    |   |                     |
| FREED  | OOM ROAD FINANCIAL   |   | 5504.00                                    |                             |                                    |   |                     |
|  |  | +   |  |                             |                                    |   |                     |
|  | Total average monthly  | y payment   |  | opy<br>ere →                | \$504.0                            | Repeat this<br>amount on<br>line 33b.                             |                     |
|  | ownership or lease expo  | ense  | _  |                             | \$84.00                            | Copy net<br>Vehicle 1   |                     |
| \$0  | Too nom me Too. If the   | number is less than \$6   | 0, enter                                   |                             | φο 1.00                            | expense<br>here→  | \$84.00             |
| /ehicle 2  |  | 18 Chevrolet 1500   |  |                             | \$588                              | here→   | \$84.00             |
| /ehicle 2 [  | Describe Vehicle 2: 20   | 18 Chevrolet 1500  S Local Standard  ts secured by Vehicle 2  |  |                             |                                    | here→   | \$84.00             |
| d. Ownership of the Average mo   | Describe Vehicle 2: 20' or leasing costs using IRS   | 18 Chevrolet 1500  S Local Standard ts secured by Vehicle :   | 2.   |                             |                                    | here→   | \$84.00             |
| d. Ownership of the Average mo Do not inclu  | Describe Vehicle 2: 20° or leasing costs using IRS onthly payment for all deb  | 18 Chevrolet 1500  S Local Standard  ts secured by Vehicle : les.  cle 2 Average r payment  | 2.   |                             |                                    | here→   | \$84.00             |
| d. Ownership of the Average mo Do not inclu  | Describe Vehicle 2: 20° or leasing costs using IRS onthly payment for all deb de costs for leased vehic  | 18 Chevrolet 1500  S Local Standard  ts secured by Vehicle : les.  cle 2 Average r payment  | 2.   |                             |                                    | here→   | \$84.00             |
| d. Ownership of the Average mo Do not inclu  | Describe Vehicle 2: 20° or leasing costs using IRS onthly payment for all deb de costs for leased vehic  | S Local Standardts secured by Vehicle : eles. cle 2   | 2. monthly 416.67 <b>C</b>                 | opy<br>ere →                | \$588                              | here→   | \$84.00             |
| d. Ownership of the control of the c | Describe Vehicle 2: 20:  or leasing costs using IRS onthly payment for all debide costs for leased vehicle of each creditor for Vehicle Fincannon  | S Local Standardts secured by Vehicle : eles. cle 2   | 2. monthly 416.67 <b>C</b>                 | ору                         | \$588                              | Repeat this amount on line 33c.  Copy net                         | \$84.00             |
| A. Ownership of the Average monotoniclu  Name of Darrell  13f.  Net Vehicle  | Describe Vehicle 2: 20  or leasing costs using IRS  onthly payment for all deb de costs for leased vehic of each creditor for Vehic  Fincannon  Total average monthly  | S Local Standardts secured by Vehicle seles.  Cle 2 Average r payment  y payment  pense   | 2. monthly 416.67 C he                     | opy<br>ere →                | \$588<br>\$416.6                   | Repeat this amount on Hine 33c.                                   |                     |
| d. Ownership of the Average monopole. Average monopole Do not inclusive to the Average monopole and the Average monopole  | Describe Vehicle 2: 20  or leasing costs using IRS  onthly payment for all deb de costs for leased vehic of each creditor for Vehic  Fincannon  Total average monthly 2 ownership or lease expectage from 13d. If this number  | S Local Standardts secured by Vehicle 2 les.  Cle 2 Average r payment  y payment   pense mber is less than \$0, e   | 2. monthly s416.67  \$416.67  center \$0   | opy<br>ere →                | \$588<br>\$416.6<br>\$171.33       | Repeat this amount on line 33c.  Copy net Vehicle 2 expense here→ | \$84.00<br>\$171.33 |
| Name of Darrell  13f. Net Vehicle Subtract line  | Describe Vehicle 2: 20  or leasing costs using IRS  onthly payment for all deb de costs for leased vehic of each creditor for Vehic  Fincannon  Total average monthly 2 ownership or lease expectage from 13d. If this number  | S Local Standardts secured by Vehicle : les.  Local Standard  Average r payment  y payment  | 2.  monthly  3416.67  \$416.67  center \$0 | opy<br>ere →                | \$588<br>\$416.6<br>\$171.33       | Repeat this amount on line 33c.  Copy net Vehicle 2 expense       |                     |
| d. Ownership of the Average monopole. Average monopole inclusion of the Av | Describe Vehicle 2: 20:  or leasing costs using IRS onthly payment for all deb de costs for leased vehic of each creditor for Vehic Fincannon  Total average monthly 2 ownership or lease expectage 13e from 13d. If this number of the portation expense: If you wance regardless of whe sublic transportation expense. | S Local Standard  S Local Standard  Its secured by Vehicle and the secured by Vehicle a | 2.  monthly  3416.67  \$416.67  center \$0 | opy<br>ere →<br>ee IRS Loca | \$416.6<br>\$171.33<br>al Standard | Repeat this amount on line 33c.  Copy net Vehicle 2 expense here→ | \$171.5             |

|     | ther Necessary<br>openses  | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.  |                   |
|-----|--|--|-------------------|
| 16. | Social Security taxes,<br>you expect to receive<br>that is withheld to pay | runt that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount for taxes. tate, sales, or use taxes.  | \$1,453.73        |
| 17. | uniform costs.   | ns: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and ts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  | \$0.00            |
| 18. | include payments that  | otal monthly premiums that you pay for your own term life insurance. If two married people are filing together, you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, 's life insurance, or for any form of life insurance other than term.   | \$9.72            |
| 19. | spousal or child suppo   | <b>nts:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as ort payments.  Into on past due obligations for spousal or child support. You will list these obligations in line 35.  | \$0.00            |
| 20. | Education: The total r   | nonthly amount that you pay for education that is either required:   | \$0.00            |
| 21. | Childcare: The total m   | nonthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   | \$0.00            |
| 22. | The monthly amount t reimbursed by insuran                                 | e expenses, excluding insurance costs:  that you pay for health care that is required for the health and welfare of you or your dependents and that is not use or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Issurance or health savings accounts should be listed only in line 25.   | \$0.00            |
| 23. | dependents, such as p<br>necessary for your he<br>employer.                | and telephone services: The total monthly amount that you pay for telecommunication services for you and your eagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent alth and welfare or that of your dependents or for the production of income, if it is not reimbursed by your ents for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such | \$0.00            |
| 0.4 | as those reported on l   | ine 5 of Official Form 122A-1, or any amount you previously deducted.  | ФС <b>540 7</b> 0 |
| 24. | Add all of the expens<br>Add lines 6 through 23                            | es allowed under the IRS expense allowances. 3.  | \$6,510.78        |

| brauley    | Eugene      | rincannon | Case number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | , ,                    |

|     | dditional Expense<br>eductions                    | These are additional deduction Note: Do not include any exper      |                              |  |                  |
|-----|---|--|------------------------------|--|------------------|
| 25. |   |  |                              | es. The monthly expenses for health insurance, arry for yourself, your spouse, or your dependents.   |                  |
|     | Health insurance                                  |  | \$292.25                     |  |                  |
|     | Disability insurance                              |  | \$16.44                      |  |                  |
|     | Health savings acco                               | unt  | + \$0.00                     |  |                  |
|     | Total   |  | \$308.69                     | Copy total here →  | \$308.69         |
|     | Do you actually spend                             | d this total amount?   |                              |  |                  |
|     | ☐ No. How much do  ✓ Yes                          | you actually spend?  |                              |  |                  |
| 26. | for the reasonable and your immediate family      | d necessary care and support o                                     | f an elderly, chronically il | actual monthly expenses that you will continue to p<br>l, or disabled member of your household or membe<br>es may include contributions to an account of a |                  |
| 27. | _   | mily violence. The reasonably r<br>Family Violence Prevention and  |                              | nses that you incur to maintain the safety of you and deral laws that apply.   | \$0.00           |
|     | By law, the court mus                             | t keep the nature of these exper                                   | nses confidential.           |  |                  |
| 28. | Additional home energ                             | gy costs. Your home energy cos                                     | sts are included in your ir  | nsurance and operating expenses on line 8.   |                  |
|     | If you believe that you the excess amount of h    | ••   | e more than the home er      | nergy costs included in expenses on line 8, then fill  | in<br>\$0.00     |
|     | You must give your cas reasonable and necess      |  | r actual expenses, and y     | ou must show that the additional amount claimed is   | 5                |
| 29. | •   | •  |                              | nonthly expenses (not more than \$189.58* per child attend a private or public elementary or secondary   | \$0.00           |
|     |   | se trustee documentation of you already accounted for in lines 6   |                              | ou must explain why the amount claimed is reason   | able             |
|     | * Subject to adjustmen                            | t on 4/01/25, and every 3 years                                    | after that for cases begu    | n on or after the date of adjustment.  |                  |
| 30. |   | thing allowances in the IRS Nat                                    |                              | ual food and clothing expenses are higher than the nount cannot be more than 5% of the food and cloth  | \$320.00<br>ning |
|     | -   | the maximum additional allowa<br>available at the bankruptcy clerk |                              | link specified in the separate instructions for this fo  | rm.              |
|     | You must show that the                            | e additional amount claimed is re                                  | easonable and necessar       | y.   |                  |
| 31. | _   | contributions. The amount that organization. 126 U.S.C. § 170(o    | •                            | tribute in the form of cash or financial instruments to  | oa + \$250.00    |
| 32. | Add all of the addition<br>Add lines 25 through 3 | al expense deductions.<br>1.                                       |                              |  | \$878.69         |
|     |   |  |                              |  |                  |

| ebto | or 1            | Bradley                                   | Eugene                        | Fincannon   |  |  | Case number (if kr    | nown)               |            |
|------|-----------------|---|-------------------------------|---|--|--|-----------------------|---------------------|------------|
|      |                 | First Name                                | Middle Na                     | me Last Name  |  |  |                       |                     |            |
| Ded  | uctions for [   | Debt Payment                              |                               |   |  |  |                       |                     |            |
| 3.   |                 | that are secured b                        | •                             | in property that you own,<br>Jh 33e.                        | including home                         | mortgages, vehi                          | cle loans, and        |                     |            |
|      |                 |   |                               | ment, add all amounts that Then divide by 60.               | are contractually                      | due to each sec                          | cured creditor in     |                     |            |
|      |                 |   |                               |   |  |  | verage monthly ayment |                     |            |
|      | Mortgage        | s on your home                            |                               |   |  |  |                       |                     |            |
|      | 33a. Copy       | / line 9b here                            |                               |   |  | →  | \$0.00                |                     |            |
|      | Loans on        | your first two vel                        | hicles                        |   |  |  |                       |                     |            |
|      | 33b. Copy       | / line 13b here                           |                               |   |  | →  | \$504.00              |                     |            |
|      | 33с. Сору       | line 13e here                             |                               |   |  | →  | \$416.67              |                     |            |
|      | 33d. List of    | other secured deb                         | ts:                           |   |  |  |                       |                     |            |
|      | Name of secured | each creditor for debt                    | other                         | Identify property that se                                   | cures the debt                         | Does payment include taxes or insurance? |                       |                     |            |
|      | ROCKET          | MORTGAGE, LLO                             | C.                            | 607 Highland Drive Tuck<br>85401                            | umari, NM                              | ☑ No<br>☐ Yes                            | \$235.00              |                     |            |
|      |                 |   |                               | 00401   |  | ☐ No                                     |                       |                     |            |
|      |                 |   |                               |   |  | ☐ Yes<br>☐ No                            |                       |                     |            |
|      |                 |   |                               |   |  | Yes                                      | +                     | Comy total          |            |
|      | 33e. Total      | average monthly                           | payment. Add                  | lines 33a through 33d                                       |  |  | \$1,155.67            | Copy total<br>here→ | \$1,155.67 |
| 34.  |                 | ebts that you listed<br>the support of yo |                               | cured by your primary res                                   | idence, a vehicl                       | e, or other prope                        | erty necessary for    | your                |            |
|      | ☐No. Go         |   |                               |   |  |  |                       |                     |            |
|      | Yes. Sta        | ate any amount the                        | at you must party (called the | ay to a creditor, in addition to cure amount). Next, divide | to the payments<br>by 60 and fill in t | listed in line 33, the information be    | o keep<br>elow.       |                     |            |
|      | Name of         | the ereditor                              | lalomi                        | ify property that   | Total aura                             |  | lonthly ouro          |                     |            |

| Name of the creditor | Identify property that secures the debt | Total cure amount |        | Monthly cure amount |                  |        |
|----------------------|---|-------------------|--------|---------------------|------------------|--------|
|                      |   |                   | ÷ 60 = |                     |                  |        |
|                      |   |                   | ÷ 60 = |                     |                  |        |
|                      |   |                   | ÷ 60 = | +                   |                  |        |
|                      |   |                   | Total  | \$0.00              | Copy total here→ | \$0.00 |

35. Do you owe any priority claims such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C.  $\S$  507.

✓ No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.....

| <br>÷ 60 ≡ |  |
|------------|--|
|            |  |

|      |                            | First Name   | Middle Name  | Last Name  |  |                  | ,   |              |
|------|----------------------------|--|--|--|--|------------------|---|--------------|
|      | For mor instruction of No. | re information, go onlictions for this form. Bar Go to line 37.  Fill in the following i Projected monthly Current multiplier for Administrative Offic North Carolina) or other districts).  To find a list of dist link specified in the available at the bar Average monthly a | plan payment if you work your district as stated to the United States by the Executive Office that include separate instructions and higher that include separate instructions and higher that includes the separate instructions and higher that includes the separate instructions and higher than the separate instructions are separated as a separate instruction and the separate instructions are separated as a separate instruction and the separate instructions are separated as a separate instruction and the separate instructions are separated as a separate instruction and the separated as a separate instruction and the separated as a separated as | ere filing under of the don't have been seen the list issues a Courts (for distingtion of the list issues of the courts (for distingtion of the list issues of the courts (for distingtion of the list issues of the list issu | ct, go online using the his list may also be | c's office.  X   | Copy total here →                               |              |
| 37.  |                            | of the deductions for<br>es 33e through 36   | r debt payment.  |  |  |                  |   | \$1,155.67   |
|      |                            |  |  |  |  |                  |   |              |
| Tot  | al Deduc                   | ctions from Income   |  |  |  |                  |   |              |
| 38.  | Add all                    | of the allowed deduc   | ctions.  |  |  |                  |   |              |
|      |                            |  | enses allowed under IF   |  | \$6,510.78                                   |                  |   |              |
|      | Copy li                    | ine 32, All of the addi  | tional expense deduct  | ions   | \$878.69                                     |                  |   |              |
|      | Copy li                    | ine 37, All of the dedu  | uctions for debt payme   | nt +   | \$1,155.67                                   |                  |   |              |
|      |                            |  | Total  | deductions   | \$8,545.14                                   | Copy total h     | nere →  | \$8,545.14   |
| Part | 3: Det                     | ermine Whether <sup>-</sup>  | There Is a Presum  | ption of Abus  | se   |                  |   |              |
| 39.  | Calcula                    | te monthly disposab  | ele income for 60 mon  | ths  |  |                  |   |              |
|      | 39a.                       | Copy line 4, adjuste   | ed current monthly inco  | me   | \$8,451.96                                   |                  |   |              |
|      | 39b.                       | Copy line 38, Total of   | deductions   | -  | \$8,545.14                                   |                  |   |              |
|      | 39c.                       | Monthly disposable<br>Subtract line 39b fro  | income. 11 U.S.C. § 70 om line 39a.  | 07(b)(2).  | (\$93.18)                                    | Copy<br>here →   | (\$93.18)                                       |              |
|      |                            | For the next 60 mon  | nths (5 years)   |  |  |                  | x 60  |              |
|      | 39d.                       | Total. Multiply line 3   | 9c by 60   |  |  |                  |   | (\$5,590.80) |
| 40.  | The to Pa                  | line 39d is less than art 5. line 39d is more than fill out Part 4 if you cl   | n \$15,150.00*. On the talaim special circumstal   | of page 1 of things op of page 1 of the nees. Then go to the than \$15,150.0   | this form, check box 1, 7<br>b Part 5.       | , There is a p   | esumption of abuse. Go resumption of abuse. You |              |
|      | " Sul                      | uject to adjustment or   | n 4/01/25, and every 3   | years after that   | for cases filed on or a                      | iiter the date ( | oi adjustment                                   |              |

Debtor 1

**Bradley** 

Eugene

**Fincannon** 

Case number (if known) -

|      |                   | First Name   | Middle Name   | Last Name  |  |  |                  |
|------|-------------------|--|---|--|--|--|------------------|
| 41.  | 41a.              | Summary of Your Ass                                | sets and Liabilities and                            | unsecured debt. If you filled a Certain Statistical Information as 3b on that form | n Schedules                            | <br>x .25                                |                  |
|      | 41b.              | 25% of your total nor<br>Multiply line 41a by 0    |   | ebt. 11 U.S.C. § 707(b)(2)(A)(   | i)(I).                                 |  | Copy<br>here →   |
| 42.  | Detern<br>is enou | nine whether the inco                              | me you have left over<br>ır unsecured, nonprio      | after subtracting all allowed rity debt.   | deductions                             |  |                  |
|      | Check             | the box that applies:                              |   |  |  |  |                  |
|      |                   | e 39d is less than line<br>to Part 5.              | 41b. On the top of pag                              | ge 1 of this form, check box 1   | There is no presumpt                   | tion of abuse.                           |                  |
|      | Line<br>of a      | e 39d is equal to or mobuse. You may fill out      | ore than line 41b. On the Part 4 if you claim spe   | the top of page 1 of this form,<br>ecial circumstances. Then go t                  | check box 2, <i>There is</i> o Part 5. | a presumption                            |                  |
| Part | 4: Giv            | ve Details about S                                 | pecial Circumstan                                   | ces  |  |  |                  |
| 43.  |                   | u have any special circ<br>nable alternative? 11 U |   | fy additional expenses or ad   | ustments of current n                  | nonthly income for wh                    | nich there is no |
|      | <b>✓</b> No.      | Go to part 5.                                      |   |  |  |  |                  |
|      | Yes               | . Fill in the following                            | g information. All figure<br>expenses you listed in | es should reflect your average<br>line 25.   | monthly expense or in                  | ncome adjustment for e                   | each item.       |
|      |                   |  |   | the special circumstances that ir case trustee documentation                       |  |  |                  |
|      |                   | Give a detailed                                    | explanation of the spe                              | cial circumstances   |  | Average monthly ex<br>or income adjustme |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
|      |                   |  |   |  |  |  |                  |
| Part | 5: Sig            | gn Below   |   |  |  |  |                  |
|      | By sig            | gning here, I declare u                            | nder penalty of perjury                             | that the information on this st  | atement and in any at                  | tachments is true and o                  | correct.         |
|      | Y                 | /s/ Bradley Eugene F                               |   |  |  |  |                  |
|      | -                 | ignature of Debtor 1                               | incannon  |  |  |  |                  |
|      | D                 | eate 06/24/2022                                    |   |  |  |  |                  |
|      |                   | MM/ DD/ YYYY                                       |   |  |  |  |                  |

Fincannon

Case number (if known) \_

Debtor 1

**Bradley** 

Eugene